

REQUEST FOR MITIGATING CIRCUMSTANCES

www.int-comp.org

This form is to be submitted by candidates when applying for a mitigation to be applied to their assessment (assignments or examinations).

Before applying for mitigation you should read the guidance contained within your Assessment Handbook about what constitutes mitigating circumstances and how mitigation may be applied, and our mitigating circumstances policy at <https://www.int-comp.org/help-and-support/assessment-guidance>.

This form should be submitted to the ICA Learning support team by going to the ICA website <https://www.int-comp.org/help-and-support/contact-us> and completing the webform. Once you receive an email with the case number you can reply to that email attaching this form and any evidence you are supplying in support of your mitigating circumstances.

For further queries, you may also contact us at **0121 362 7533**.

Name		Candidate ID number	
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Examination

Programme/Course title	Examination date

Assignment(s)

Programme/Course title	Assignment due date

Purpose of claiming mitigating circumstances

Please indicate the purpose for claiming mitigation circumstances

Application to defer assessment(s) to the next cohort	
Application to defer an examination to next sitting	
Application for an extension of time to complete an assignment	
Application for an extension of time to complete an examination	
To make ICA aware of circumstances that negatively affected assessment that has already been completed	

The nature of the mitigating circumstances

Please indicate the nature of the mitigating circumstances

Illness, injury or hospitalisation

Being the victim of crime

Critical/significant illness of a close family member or dependent

Bereavement of a close family member or dependent

Acute personal or emotional circumstances

Unplanned absence arising from such things as jury service

Unexpected or emergency travel connected with employment

Unexpected or unplanned regulatory spot check visit

Other circumstances (please provide the details in the section below)

The nature of the supporting documentation

Please indicate the nature of the supporting documentation you are providing in support of your request

Medical certificate or letter signed by a registered practitioner

A signed statement from a professional counsellor

A written statement of events signed by an employer

Other (please specify)

Declaration

I hereby confirm that all information given or referred to in this form is complete and correct.

I believe there has been a significant adverse effect on my performance as a result of the circumstances and/or events described.

Signature

Date