



SCHOOL OF ARCHITECTURE, LANDSCAPE ARCHITECTURE AND URBAN DESIGN  
**APPLICATION FOR CONSIDERATION OF EXTENUATING CIRCUMSTANCES**

To be completed by, or on behalf of the applicant

SURNAME..... OTHER NAMES.....

ADDRESS.....

.....POSTCODE.....

CONTACT NUMBER (HM)..... (MOBILE).....

EMAIL .....

FACULTY.....STUDENT NUMBER.....

**ASSIGNMENTS OR ASSESSMENTS FOR WHICH CONSIDERATION OF  
EXTENUATING CIRCUMSTANCES IS SOUGHT**

<b>Catalogue Number*</b>	<b>Course Title* (Please also indicate options or units if appropriate)</b>	<b>Dates of assignment or assessment*</b>

\* Catalogue Number, Course Title and date of assignment or assessment must be included to avoid delay.

**GROUND FOR REQUESTING CONSIDERATION OF EXTENUATING CIRCUMSTANCES:**

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(if you need more writing space, continue on other side of form)

**Signature..... Date.....**