



Application to defer assessment(s) due to Extenuating Circumstances

Please complete this form, if you wish to apply for a deferral of assessment(s) due to extenuating circumstances.

Please see your learner handbook for further information on this procedure.

Learner Name:			
Address:			
Telephone No:			
Email address:			
Centre/College			
Course			
Modules and codes			
Assessment Type(s):	Examination <input type="checkbox"/>	Project <input type="checkbox"/>	
	Skills Demonstration <input type="checkbox"/>	Learner Record <input type="checkbox"/>	
	Assignment <input type="checkbox"/>	Collection of Work <input type="checkbox"/>	
Assessment Title(s):		Due Date:	
Details of extenuating circumstance preventing assessment completion			
Please state the type of supporting evidence you are providing			
Learner Signature			
Date			