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**Absence/Deferral from Exams and Assessments**

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| **Contents**  **1. Guide for Extenuating Circumstances/Absence/Deferral from Exams and Assessments**  **2. Extenuating Circumstances Form** |
| **1. Guide for Extenuating Circumstances**  This extenuating circumstances procedure is intended to allow students to identify specific circumstances which have had a significant impact on their ability to complete assessment to the best of their ability and to allow you to bring these to the attention of your Head of Faculty or the Administrative Officer.  This form can be completed in Word or PDF, you do not need to print this form. You must then email the form to [thirdlevel@riam.ie](mailto:thirdlevel@riam.ie) Please ensure to add your Programme of study and year of study in the subject line.  The recognition of extenuating circumstances does not normally result in the awarding of additional marks to your grade. It may however result in your module assessments being recorded as deferred or ill with the assessment to be taken at the next available sitting. You should provide personal details in **Section A**, details of the circumstances in **Section B** and details of the assessments affected in **Section C**.  If you have a disability or learning difficulty and are registered with Trinity Disability Services these circumstances will be facilitated through ongoing supports and those circumstances should not be included as extenuating circumstances.  All students have the right to appeal the decisions of the Court of Examiners under specified grounds. For further information, refer to [RIAM Appeals-Policy-and-Procedure.pdf](https://www.riam.ie/sites/default/files/media/file-uploads/2019-04/Appeals-Policy-and-Procedure.pdf)  **Your submission will be treated as strictly confidential.**  *RIAM is not responsible and shall not be bound by errors in or omissions from this publication; RIAM reserves the right to revise, amend, alter or delete programmes of study and academic regulations at any time by giving such notice as may be determined by The Board of Studies and ACDC in relation to any such change.* |

**2. Extenuating Circumstances Form**

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| **Submit To:** | The Tertiary Office: [thirdlevel@riam.ie](mailto:thirdlevel@riam.ie)   |  |  | | --- | --- | | (Please ensure to add your programme of study & year of study in the subject line e.g. BMus Year 1) |  | |

Please complete all relevant sections of this form

**Section A: Student Details**

|  |  |
| --- | --- |
| **Surname:** | **First Name:** |
| **Student ID Number:** | **RIAM Email Address:** |
| **Programme of Study:** | **Year of Study:** |

**Section B: Details of Extenuating Circumstances**

**Please tick the box below which best describes your extenuating circumstances:**

Please tick the box below which best describes your extenuating circumstances: RIAM requires that these circumstances are confirmed by the professional indicated in each case below. Appropriate original supporting evidence must be attached to this form. Supporting evidence is non-returnable

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| --- | --- |
|  | **Illness, injury, accident or hospitalisation** |
|  | **Family illness** (specify relationship) |
|  | **Bereavement** (specify relationship) |
|  | **Other personal or emotional circumstances** |
|  | **Victim of Crime** |
|  | **Work Commitments (Part time students only)** |
|  | ***Other****, please specify* |

**Data Protection Notice:** Personal information that you submit to Tertiary Office in connection with any service provision will be treated in accordance with the Registry Data Protection Notice, which can be viewed at the following website address: [RIAM Data-Protection-Policy](https://www.riam.ie/sites/default/files/media/file-uploads/2020-06/Data-Protection-Policy-final-acceptance-by-TCD-May-2020.pdf)

**Period affected by the circumstances:**

|  |  |
| --- | --- |
| **From:** | **To:** |
|  |  |

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| **Please provide a detailed explanation for the rationale for your application.   This information is important and will inform RIAM of a decision in considering your application, please provide as much detail as possible.** |
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**Section C: Details of Examinations/Assessments Affected**

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| **Module Code** | **Module Title** | **Type of Assessment** |
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*I confirm that the information given in this form is true and factually correct.*

*I understand that this information may be disclosed, where absolutely necessary, to academic and administrative staff of RIAM directly involved*

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insert digital signature or send from student riam email address**

**(Once completed, please email the form to the Tertiary Office** [**thirdlevel@riam.ie**](mailto:thirdlevel@riam.ie)