



APPLICATION FORM – PERMISSION FOR ABSENCE FROM TIME CONTRAINED ASSESMENT (E.G. INTERIM EXAM, PRESENTATIONS ETC)

Unless otherwise indicated, this form may be used in such circumstances where a student knows that, for good reason, a time constrained assessment will be / has been missed. This policy applies to interim exams, in-class presentations etc.

You must complete all information in Section A and B. Supporting documentation must be provided, otherwise, applications will not be considered, and extensions will not be provided.

If due to the nature of your application (e.g., victim of crime) you are unable to share the circumstances of your application with a lecturer(s), then you should contact your programme director.

Section A		
Student Name		
Student Number		
Degree		
Contact Details	Tel Number	
	UCC Email address	
Module Code		
Module Title		
Module Lecturer		
Assessment Details		
Assessment Date & Time		

STUDENTS MUST COMPLETE SECTION A and B

Section 1	Section B – Grounds for Application						
	Reason for Application	Details Needed	Supporting Documentation Needed				
ac	lness, injury, ccident, or ospitalisation	Specify details	Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional, registered counsellor/ psychotherapist, or psychologist. (See UCC guidelines)				
Fa	amily illness	Specify relationship e.g., parent	Appropriate original supporting evidence must be supplied by a registered medical practitioner or other health professional				
В	ereavement	Specify relationship e.g., parent/guardian, grandparent, sibling, spouse, child, friend	Appropriate supporting evidence must be supplied (e.g., RIP.ie notice)				
	Other personal ircumstances	Specify circumstances e.g., court appearance, job interview, wedding of a sibling or immediate family member, participation in a sporting/ other event for UCC	Appropriate original supporting evidence must be supplied. Note: priority must be given to module assessment, and you must demonstrate your firm efforts to rearrange outside events/activities				
V	ictim of Crime	Specify details	Supporting evidence must be provided by a member of An Garda Síochána./ the police.				
0	Other	Specify details	Appropriate supporting evidence must be supplied.				





Please specify details			
I have included supporting documentation	Yes	No	If No, then explain why?
Signed:		Date:	

MODULE CO-ORDINATOR MUST COMPLETE SECTION C

Section C							
Permission for Absence Granted							
Yes, alternative assessment will be provided	Specify the new exam date and time:						
No, alternative assessment is not feasible.	In these cases, the lecturer must send the application to the Departments Exams Exemptions Officer for consideration.						
No, mark of zero will be awarded							
Reason for decision (give details)							
Module Lecturer Signature							
Signed:	Date:						

Procedure

To submit the form you should

- complete Section A and B in full.
- save the file as Student name, ID, Programme & Year, and Module Code. i.e., John Smith, 111333444, BScFin2, AC2111
- email the application form and supporting documentation to the module lecturer. **Note** if you receive an out-of-office reply then send the email to your programme administrator.

The module lecturer is responsible for communicating the decision using this form to

a) the student

b) the UG <u>CUBSUGMedCerts@ucc.ie</u> or PG <u>CUBSPGMedCerts@ucc.ie</u> Office

The CUBS UG/PG office is responsible for retaining a record of all decisions made, in accordance with GDPR guidelines.