



## PERSONAL CIRCUMSTANCES FORM 2007/08 FORM P/C 1

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### Notes

The General Assessment Regulations (first edition 1998, revised 2002), among other things, make provision for an examination candidate who feels that personal or other serious difficulties, for example illness or bereavement, adversely affected their performance in an assessment and wishes to bring this to the attention of the Examination Board. These and other Regulations are available to all candidates who are advised to review them at [http://www.dit.ie/DIT/registrar/regs/gen\\_assess\\_reg/index.html](http://www.dit.ie/DIT/registrar/regs/gen_assess_reg/index.html) (see 8.4, 11.1, 11.3.1, and 12.1).

The form supported by independent authoritative evidence must be completed and returned to the Examinations Office within the following timescales:

- (i) In the case of course work, the deadline for submitting a Personal Circumstances form is normally the same as the scheduled hand-in date for the assignment
- (ii) In the case of examinations, the completed form should be submitted not later than two days after the last examination taken

The Personal Circumstances Form and supporting evidence should be placed in an envelope and handed in to the Examinations Office. The envelope should be clearly marked 'Personal Circumstances'. It is the candidate's responsibility to ensure the form is delivered safely and on time.

Please complete this form in **LEGIBLY** in **BLOCK LETTERS (using black ink)** or in **TYPESCRIPT**.

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1. Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Correspondence  
address:  
(if different from above) \_\_\_\_\_

Telephone Number(s)  
at which you may  
be contacted: \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

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2. DIT Faculty: \_\_\_\_\_

School/Department: \_\_\_\_\_

Course: \_\_\_\_\_

Year / Stage: \_\_\_\_\_

Year: 200\_\_\_\_ (Sessional / Supplemental / Semester) [delete as appropriate]

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**3. DETAILS OF PERSONAL CIRCUMSTANCES**

Please note that the Institute treats all information provided with strict confidence

Period affected by the circumstances

From: \_\_\_\_\_ To: \_\_\_\_\_

Specify the examination(s)/assessment(s) affected by the circumstances:

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Summarise briefly the nature of the personal circumstances you wish the Examination Board to consider and how you consider they affected your performance (You may attach an additional sheet if necessary).

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**4. Independent written supporting evidence is essential. List the evidence which you enclose. Please keep a copy of all supporting evidence you submit.**

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**5. Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Official Use Only**

**Received by Examinations Office:**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_