Student details

Please provide the details below (note that all fields must be filled in).

Family name *

First name(s) *

Student Record Number *

Course of study *

Level and mode of Study *

- Undergraduate (Full Time)
- Undergraduate (Part Time)
- Postgraduate Taught (Full Time)
- Postgraduate Taught (Part Time)
- Visiting Student
- Other
Please select one option below. You will then be taken to the relevant page of the form to provide the rationale for the request and to fill in further details.

**Please select the relevant option** *

- Request to grant AL in units to the value of more than 60 credits within a stage and/or 90 credits across course
- Request to permit Summer resits for student who has not met the qualifying criteria ie: having passed, been granted AL, or exemption in at least 60 credits
- Request to permit progression to the next year of study despite not having passed the following module(s) which are compulsory for progression.
- Request to award a higher degree classification even though the candidate does not have 60 credits in the upper class
- Request to award a higher degree classification even though the candidate's weighted average is not in the zone of consideration (ie: within 2% of the next class boundary)
- Request to permit a period of interruption in excess of 24 months
- Other:

**Nature of the UG request if not described above**
Rationale for the request

Please provide details of the request and any further relevant information (on the next page you will be asked to upload documentary evidence to support the request).

Rationale *
Evidence in support of the request

Please upload supporting documentation below. Please note that a complete set of documents will be required for consideration by ECA.

Evidence of extenuating circumstances

Browse... No file selected.

If required, please use this box to upload additional evidence of extenuating circumstances

Browse... No file selected.

Redacted evidence (for ECA June/July meeting only)

Browse... No file selected.

Mark grid(s) for the student with module outcomes

Browse... No file selected.
Details of the Member of Staff Submitting the Request

Please provide the details below (note that all fields must be filled in). By signing the name of the Chair of Department Assessment Board/Course Director below, you confirm that this form is being submitted with their knowledge and approval.

Name of Chair of Department Assessment Board/Course Director *
First Last

Email address of the member of staff named above *

Role of the member of staff named above *
- Chair of Department Assessment Board
- Course Director
- Other

Today's date *

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