|  |  |
| --- | --- |
| Research and Knowledge Exchange  Graduate School  Form **RDEF** |  |

**APPLICATION FOR EXCEPTIONAL FACTORS AFFECTING MILESTONES/TAUGHT UNITS FOR PROFESSIONAL DOCTORATES**

|  |
| --- |
| *Please note: This form must be used to apply for exceptional factors relating to any of the milestones, or any of the taught units on professional doctorate degrees. You should apply for an extension or concession before your deadline has passed. This form can also be used to apply for exceptional factors that have affected your performance in an assessment. To apply for an extension or concession you will need to have a justifiable reason (see Procedure for the Consideration of Exceptional Factors for Postgraduate Research Students), which in the case of medical/personal issues will be kept confidential, and submit documentary evidence to support your case. For overseas students, you are responsible for checking your Visa status and discussing your circumstances with MMU International.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1** | | | |
| **The Candidate** | | | |
| First Name(s): |  | Student ID Number: |  |
| Surname: |  | | |
| Title of Project: |  | | |
| Degree registered for: |  | | |
| Mode of study: |  | | |

|  |  |
| --- | --- |
| **SECTION 2** | |
| **Supervisory Team** | |
| Principal Supervisor or Tutor: |  |
| Department: |  |
| Other supervisor(s): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3** | | | |
| **Type of Assessment** | | | |
| Milestone: |  | Deadline date: |  |
| Assessed unit: |  | Deadline date: |  |

**SECTION 4**

|  |
| --- |
| **Exceptional Factors** |
| Have you attempted this milestone/assessed unit and are you applying for mitigation? **Yes/No** (delete as appropriate)  Are you requesting an extension to a milestone deadline? **Yes/No** (delete as appropriate)  Have you previously applied for exceptional factors for this milestone? **Yes/No** (delete as appropriate)  Nature of Exceptional Factors Medical Other (*please tick box*)  Duration of impact of Exceptional Factors (start date )\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ (end)  **Supporting Evidence**  You **must** provide supporting evidence and it **must** clearly relate to the specific dates during which the Exceptional Factors were applicable. Please refer to the “Procedure for the consideration of Exceptional Factors” for further guidance.  ***Please tick the appropriate box***   * **I have provided additional separate documentation as supporting evidence consisting of**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please specify, e.g. medical certificate)***  **OR**   * **I am awaiting additional supporting evidence documentation**   **----------------------------------------------------------------------------------**  ***(please specify what you are waiting for)***  *\*Staff Use Only – please confirm evidence received* |
| **Personal Impact Statement (max. 500 words)**  **You are required to include details of *how* the circumstances have affected your studies or assessment.**  Please provide as much information as you can, to allow the Graduate School to make a decision. Please state what you have completed so far towards the milestone/assessment and what is still left to do. If you are requesting mitigation you must explain how the circumstances affected your performance.  Please refer to the [Procedure for the Consideration of Exceptional Factors.](https://www.mmu.ac.uk/study/postgraduate/research-study/phd/research-regulations-and-guidance)  If you are requesting an extension to a deadline and the deadline has already passed, you will need to explain what prevented you submitting the request in advance of the deadline. |
|  |

**SECTION 5**

|  |
| --- |
| **Declaration** |
| **The information given in this form must be accurate and must have, or must be believed to have, had a direct and adverse effect on your academic performance.**    **You MUST sign and date this declaration:**  *The information I have given on this form is, to the best of my knowledge, true and has had a direct adverse effect on the milestones/assessment(s) named.*  Signed: ........................................................................... Date: ………………………... |

**Section 6**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommendation of the Research Degrees Team/Head of Faculty Research Degrees** | | | | |
| Having considered all aspects of the candidate's exceptional factors claim, and considered the evidence provided: | | | | |
| I support the extension/concession request | | |  | | --- | |  | | | |
| I do not support the extension/concession request | | |  | | --- | |  | | | |
| Comments | |  | | |
| Signed: |  | | Date: |  |
|  | *(Faculty Research Degrees Manager)* | |  |  |

|  |  |
| --- | --- |
| Refer to HFRD for consideration   |  | | --- | |  | |