



MITIGATING CIRCUMSTANCES FORM

Serial No.

**I. Student Details**

Student Name	: _____	Student ID No	: _____
Mobile No	: _____	UKH Email	: _____
Degree	: _____	Level	: _____

**II. Instructions**

Before completing the form, you must carefully read the following:

- 1 You should use this form to submit a Mitigating Circumstance request for:
  - Non-attendance at an exam/s
  - Non-submission of coursework
  - An extend period of absence from classes (3 days or more)
- 2 Claims without evidence will be REJECTED. Do not submit a request if you are unable to secure relevant supporting evidence. **Submit the 'Medical Report Form' attached from the UKH Health Department.**
- 3 All completed forms must be submitted to the Academic Registrar's Office within the deadline given by the Academic Registrar's Office. All supporting documents should have a date coinciding with the date of absence of the student for all MC case requests (Medical Report or otherwise).
- 4 If your circumstances are highly personal, please submit your form in a sealed envelope labeled with your name and student ID number.

**III. MC Requested for Following Module/s**

Module Code	Module Title	Component Affected (attendance, exam, project, essay, etc.)	Date/s of Examination / Absences



- 1 Have you previously submitted a mitigating circumstances request during the current academic year?  
 YES (proceed to Question #2)  NO
- 2 Did you submit supporting evidence with your previous request which is also relevant to this request?  
 YES  NO

**IV. Supporting Documents Details**

List down all supporting evidence you are submitting in support of your request.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

**V. Applicant's Declaration**

I confirm that I have read and understood the information above (Instructions). I declare that to the best of my knowledge, all information given is true and all evidence submitted is genuine.

Student's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**VI. MC Committee Decision**

Recommendation : \_\_\_\_\_

\_\_\_\_\_

Approval of Health Officer :

\_\_\_\_\_ (Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Accepted  Rejected

Recommendation : \_\_\_\_\_

\_\_\_\_\_

Approval of Registrar

\_\_\_\_\_ (Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**For Official Use Only**

Received by ARO Staff : \_\_\_\_\_ Date : \_\_\_\_\_

Office of the Academic Registrar / Mobile: +964 750 857 8844 - 33 / Email: admissions@ukh.edu.krd