Compassionate Consideration Request Form

Leaner Name:	
Name and Level of Award:	
Name and Level of Module:	
Assignment Title:	
Name of Assessor:	
Original Assessment Deadline:	
Please describe the grounds for the compassionate consideration:	
Nature of the adaptation being made to the assessment:	

DECLARATION:
I request compassionate consideration in relation to the above named assessment on the grounds described above.

Learner Signature:	
Date:	
Assessors Signature:	
Date:	
Approval for compassionate consideration:	**Yes** ☐ **No** ☐
Head of Centre Signature:	
Date:	