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| ***Maynooth-University-Logo_CMYK_AW*** | **Ollscoil Mhá Nuad****Maynooth University** |

**Form No. RE1**

 (Version 9, 28th October 2022)

**Registry permission / Extenuating Circumstances form**

**(Please type in the spaces provided OR print the form and write in the spaces provided)**

**Principles**: The regulations for assessment, progression and completion of awards are laid down in the University Marks and Standards.  Nevertheless, the University acknowledges that a student may experience unexpected or serious difficulties which could prevent them meeting these requirements, and/or inhibit them from performing to the best of their abilities.  To address this, there are a small number of areas where the Marks and Standards allow extenuating circumstances to be taken into consideration.  This form is for use to apply for special permission to be allowed deviate from a regulation as permitted in the Marks and Standards of the University.

**Please indicate what permission is being sought** (please tick applicable box)

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| --- | --- |
| Permission to register to repeat more than 15 credits of passed modulesPlease state module codes and titles: |  |
| Permission to register to repeat a period of study more than once, i.e. extension of ‘the two year rule’ |  |
| Postgraduate thesis extension request (Taught programmes only)* A 4-week extension (with the support of your Head of Department) may be possible
* Ensure to include the circumstances under which you are requesting this extension
* Students may not submit more than one extension request
* Thesis, project or capstone module only
* If an extension deadline is missed, no further extensions will be considered.

In such circumstances, you will be expected to register in a subsequent academic year and pay the associated fee. |  |
| Other, please specify: |  |

**Note: the associated fee must be paid in each of the cases outlined above**

**Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Student number |  | MU email |  |
| Surname |  | Personal email |  |
| First name(s) |  | Year of study |  |
| Date of Birth |  | Programme, e.g. Arts Year 3 |  |
| Contact telephone number |

**If your request is based on extenuating circumstances, please complete this section.**

Appropriate, non-returnable supporting documentation should be supplied and can delay processing your request if not. Documentation could come from a registered health professional/counsellor, a medical practitioner, psychotherapist or psychologist.

**Note**:

1. The University reserves the right to verify the validity of your request
2. This form should be submitted as close as possible to the date of the extenuating circumstance.

**Please tick the box that best describes your extenuating circumstance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Illness, physical injury, accident or hospitalisation | Family illness (state relationship) | Bereavement(state relationship) | Acute, traumatic emotional event | Victim of Crime |
| Other (Please outline) |
| Please confirm if you have already been in contact with the Academic Advisory Office (please include copies of any correspondence you have had with that office) | **Yes / No** |

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| --- |
| **Please summarise the nature of the extenuating circumstance, or personal circumstance that has inhibited your performance at University, most specifically with respect to your academic studies and attendance.**  |
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**Student Declaration and Signature**

I confirm that the information presented in this request form to be true and factually correct. By signing this form I agree that the information contained herein may be disclosed to academic and administrative staff of the University. I confirm that I have attached supporting documentation to this request form.

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| --- | --- |
| **Student Signature** | **Date** |

**Submit your form by email to** **policy@mu.ie**(Word document or pdf accepted)

**How this form is processed**

* Once this form is received and checked, it is sent to the relevant people in the University, normally the Head(s) of Department for recommendation. It is then sent to the student’s Faculty Dean for a final decision.
* Once a decision is made, the Policy Office will contact the student (normally to their MU email account) with the outcome.

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**Registry Use Only – Tracking of progress**

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| --- | --- | --- | --- | --- |
| Sent to Head of Department **(if applicable)** |  |  |  |  |
| Recommendation received and attached to form |  |  |  |  |
| Sent to Faculty Dean **(if applicable)** |  | Decision received and attached to form |  |
|  |
| **Action** | **Date** | **Staff signature** |
| Form received on |  |  |
| SREGB-8 updated |  |  |
| Student advised |  |  |
| Registration information folder updated |  |  |
| Exams Office advised |  |  |