1. Family Name: 2. First Name:
2. Registration Number: 4. Exam Number:
3. Course Title:
4. Reason for late submission of Extenuating Circumstances Form:

1. Student’s Signature:
2. Today’s Date:

**OFFICE USE:**

 **DATE FORM SUBMITTED:**

 **RECEIVED BY:**

✂-----------------------------------------------------------------------------------------------------------------------------------------------------------

**RECEIPT - LATE SUBMISSION OF EXTENUATING CIRCUMSTANCES FORM**

This is a receipt to confirm the late submission of your Extenuating Circumstances Form.

Please note, as the deadline for submitting extenuating circumstances has passed there is no guarantee that your Department or the Board of Examiners will accept your form. Your form will only be considered if you have experienced serious extenuating circumstances **and** you have a valid reason for not submitting your form by the published deadline, and the preparations for the Board have not already taken place.

**OFFICE USE:**

 **DATE FORM SUBMITTED:**

 **RECEIVED BY:**