



THE MILLENNIUM UNIVERSAL COLLEGE (TMUC)

EXCEPTIONAL CIRCUMSTANCES APPLICATION FORM

Purpose: Complete this form if unforeseen, exceptional circumstances have significantly affected your ability to attend classes, submit assessments, or sit examinations.

1. Student Information

Student Name: _____

Student ID: _____

Programme: _____

Campus: _____

Module(s) Affected: _____

Programme Level/Year: _____

TMUC Email: _____

Contact Number: _____

2. Nature of Exceptional Circumstances

- ☐ Medical / Health
- ☐ Bereavement
- ☐ Family Emergency
- ☐ Personal Circumstances
- ☐ Accident
- ☐ Financial Hardship
- ☐ Other: _____

3. Period Affected

From: ____/____/____ To: ____/____/____

4. Impact on Your Studies



5. Requested Consideration

- ☐ Extension for Coursework Submission
- ☐ Deferred Assessment
- ☐ Deferred Examination
- ☐ Consideration by the Exceptional Circumstances Panel
- ☐ Other: _____

6. Supporting Evidence

- ☐ Medical Certificate
- ☐ Hospital/Clinical Documentation
- ☐ Death Certificate
- ☐ Police Report
- ☐ Employer Letter
- ☐ Counsellor/Professional Statement
- ☐ Other: _____

7. Student Declaration

I confirm that the information provided is true and accurate to the best of my knowledge. I understand that incomplete applications or applications without appropriate supporting evidence may not be considered.

Student Signature: _____ Date: ____/____/____

TMUC OFFICE USE ONLY

Date Received: _____

Received By: _____

Evidence Verified: ☐ Yes ☐ No

Decision: ☐ Approved ☐ Partially Approved ☐ Not Approved

Outcome / Comments:

Authorised By: _____ Signature: _____ Date: ____/____/____