

# REQUEST FOR MITIGATING CIRCUMSTANCES

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This form is to be submitted by candidates when applying for a mitigation to be applied to their assessment (assignments or examinations).

Before applying for mitigation you should read the guidance contained within the mitigating circumstances policy about what constitutes mitigating circumstances and how mitigation may be applied.

Please note that active STEP Membership is required throughout studies inclusive of in-course applications such as deferrals. The onus is on the candidate to ensure that their STEP Membership status is active when applying for a deferral and sitting the assessment. By submitting this application, you are declaring that you have active STEP Membership. Failure to do so may result in a delay to your application.

This form should be submitted to the CLTI Learning Support team at [CLTInternational@centlaw.com](mailto:CLTInternational@centlaw.com).

For further queries, you may also contact us at [0121 362 7733](tel:01213627733).

Name		Candidate ID number	
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Examination	
Programme/Course title	Examination date

Assignment(s)	
Programme/Course title	Assignment due date

Purpose of claiming mitigating circumstances	
Please indicate the purpose for claiming mitigation circumstances	
Application to defer assessment(s) to the next cohort	
Application to defer an examination to next sitting	
Application for an extension of time to complete an assignment	
Application for an extension of time to complete an examination	
To make CLTI aware of circumstances that negatively affected assessment that has already been completed	

## The nature of the mitigating circumstances

Please indicate the nature of the mitigating circumstances

Illness, injury or hospitalisation	
Being the victim of crime	
Critical/significant illness of a close family member or dependent	
Bereavement of a close family member or dependent	
Acute personal or emotional circumstances	
Unplanned absence arising from such things as jury service	
Unexpected or emergency travel connected with employment	
Unexpected or unplanned regulatory spot check visit	
Other circumstances (please provide the details in the section below)	

## The nature of the supporting documentation

Please indicate the nature of the supporting documentation you are providing in support of your request

Medical certificate or letter signed by a registered practitioner	
A signed statement from a professional counsellor	
A written statement of events signed by an employer	
Other (please specify)	

## Declaration

I hereby confirm that all information given or referred to in this form is complete and correct.

I confirm that I have active STEP Membership at the time of submitting this application and will maintain my membership throughout my studies.

I believe there has been a significant adverse effect on my performance as a result of the circumstances and/or events described.

Signature

Date