Student details
Please provide the details below (note that all fields must be filled in).

Family name *

First name(s) *

Student Record Number *

Programme of study *

Level and mode of Study *
- Undergraduate (Full Time)
- Undergraduate (Part Time)
- Postgraduate Taught (Full Time)
- Postgraduate Taught (Part Time)
- Visiting Student
- Other

Year of study (e.g. 1 or 2 and so on) *

Department/School/Programme submitting the request *

Next Page
UG Waiver - nature of the request

Please select one option below. You will then be taken to the relevant page of the form to provide the rationale for the request and to fill in further details.

Please select the relevant option *

- Request to grant AL in units to the value of more than 2 units within a stage and/or 3 units across programme
- Request to permit Summer resits for student who has not met the qualifying criteria ie: having passed, been granted AL, or exemption in at least two (full) units
- Request to permit progression to the next year of study despite not having passed the following course(s) which are compulsory for progression.
- Request to award a higher degree classification even though the candidate does not have 4 half units in the upper class
- Request to award a higher degree classification even though the candidate's weighted average is not in the zone of consideration (ie: within 2% of the next class boundary)
- Request to permit a period of interruption in excess of 24 months
- Other:

Nature of the UG request if not described above
UG courses affected (please provide course codes) *
PGT Waiver - nature of the request
Please select one option below. You will then be taken to the relevant page of the form to fill in further details.

Please check the relevant option *
- Request to award a higher degree classification even though the candidate has not met the required weighted average
- Request to permit a period of interruption in excess of 24 months
- Other

Nature of the PGT request if not described above

PGT courses affected (please provide course codes) *

Previous Page  Next Page
Rationale for the request

Please provide details of the request and any further relevant information (on the next page you will be asked to upload documentary evidence to support the request).

Rationale *

Rationale is required.
Evidence in support of the request
Please upload supporting documentation below. Please note that a complete set of documents will be required for consideration by CBEEC.

**Evidence of extenuating circumstances**

[Choose File] No file...hosen

**Redacted evidence (for CBEEC June meeting only)**

[Choose File] No file...hosen

**Mark grid(s) for the student with course outcomes**

[Choose File] No file...hosen

[Previous Page] [Next Page]
Details of the Member of Staff Submitting the Request

Please provide the details below (note that all fields must be filled in). By signing the name of the Chair of Sub-board/Programme Director below, you confirm that this form is being submitted with their knowledge and approval.

Name of Chair of Sub-Board/Programme Director *
First
Last

Email address of the member of staff named above *

Role of the member of staff named above *
- Chair of Sub-Board
- Programme Director
- Other

Today's date *

[Submit]