**Mitigating Circumstances – Supporting Statement**

**This form may be completed by an independent verifier/witness on behalf of the student to support their mitigating circumstances claim, where other documentary evidence is not available.**

* Refer to our [Mitigating Circumstances](https://bucks.ac.uk/students/academicadvice/assessment-and-examination/exceptional-circumstances) pages for a link to the full process
* Complete the form in full and return it to the student to submit with their claim
* Any information given must be known by you to be true. The student will be responsible for only submitting evidence they know is genuine and correct. A fraudulent claim will be rejected.

# Your Personal Information

|  |  |
| --- | --- |
| **Surname:** |  |
| **First name:** |  |
| **Email address:** |  |
| **Contact Telephone:** |  |
| **The University may contact you regarding the evidence provided** | |

# Other Information

|  |  |
| --- | --- |
| **Name of student:** |  |
| **Your relationship to the student.**  **E.g. GP, Counsellor, Religious adviser** |  |
| **Nature of the event and how it impacted on the students studies** |  |
| **Date/s of Event:** |  |
| **Any other information you feel would be relevant to the decision making body** |  |
| **Your signature or stamp and date:** |  |