**Request for Supporting Evidence for Mitigating Circumstances Claims**

The University has issued guidelines regarding the mitigating circumstances procedures. You can visit <https://www.lboro.ac.uk/students/handbook/exams/exams-information/mitigatingcircumstances/>

to view the full guidelines on the University website or see below for an extract of section 3.2 of the guidelines which highlights what the Medical Centre criteria is for mitigating circumstances supporting evidence requests.

***Extract from the guidelines***

***3.2*** *Other important points to note about supporting evidence:*

1. *GPs (general practitioners/medical doctors):*
   1. *Are not obliged to issue medical certificates (particularly retrospectively);*
   2. *Do not normally issue certificates for short periods of illness; and*
   3. *Are entitled to charge for certificates issued.*
2. *The University Medical Centre will issue Certificates of Illness for students, but normally only for cases where you have sought treatment at the time (rather than after the event), and not normally for minor ailments like colds, headaches and stomach upsets.*
3. *On its own, a retrospective Certificate of Illness or doctor’s note (i.e. one based on a consultation AFTER you have suffered from an illness, where the medical professional is only able to recount what you have told them about your illness) is unlikely to be sufficient as supporting evidence.*
4. *You are responsible for obtaining all of your supporting evidence and ensuring it is submitted on time; the University will not seek evidence on your behalf. In particular, it is not appropriate for you to suggest on your IP form that the University may approach your GP (based within the University Medical Centre or elsewhere) for confirmation of a medical condition, for the above reason, and because medical records are confidential.*
5. *Only supporting evidence written in English can be considered; it is your responsibility to obtain and submit a verified translation, together with the original evidence, if the original evidence is in another language. (If the cost of obtaining translations is prohibitive for you, you should seek advice from LSU Voice and/or the Student Support Centre).*
6. *Supporting evidence from the Counselling Service will normally consist of a letter confirming the occasions on which you have engaged with the service, and the issues you have raised. A letter from the Counselling Service can therefore be helpful, normally alongside other evidence, in demonstrating that you have been affected by a mental-health-related or other personal issue by confirming, for example, that you have engaged with the Service over a period of time in relation to that issue. However, on its own, a letter from the Counselling Service is unlikely to be sufficient as evidence that you have been affected by a mental-health-related issue – professional medical evidence, such as a letter from a GP will normally also be required for such claims. The Counselling Service will normally only be able to provide evidence for students who have had on-going counselling at the time of making their IP claim.*

***If you still feel you will benefit from receiving supporting evidence from your GP regarding your illness, then please complete the form below and hand in to reception with the current fee. Please allow up to 10 days for your request to be processed and returned to you via email. Your request may be declined if it does not meet the required criteria.***

Date Fee Paid:

Receipt Given:

**Request for Supporting Evidence for Mitigating Circumstances Claims**

PLEASE COMPLETE THE FOLLOWING IN **BLOCK CAPITAL** LETTERS:

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **Department** | |
| **Contact details:**  Mobile No:  Email Address: | | | |
| **What is the reason for the certificate of illness (e.g. missed exam, lab session and coursework)?** | | | |
| **Have you been seen and treated at the Medical Centre, Urgent Care Centre or A&E for this condition?** | | | Yes  No |
| **If Yes, what date(s) were you seen?** | | | |
| **Please give details of the condition that you require the certificate of illness for including the duration of the symptoms.**  ***(Be as concise as possible as the impaired performance certificate will NOT be amended once issued).*** | | | |
| **Are you happy for these details to be disclosed to your Department?** | | | Yes  No |
| **I have read the Guidelines on the University website and/or the above extract regarding the Medical Centre procedures for dealing with requests and I understand that my request may be declined if it doesn’t meet the required criteria.** | | | Yes |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***We may need to contact you for further clarification so please ensure we have your up to date contact details.***