

**THE UNIVERSITY OF NEW ENGLAND
RELAXING CLAUSE APPLICATION FORM**

Student Name:

Student Number:

Course:

Year Enrolled:

Rule to be Relaxed:

[Please ensure a copy of the student's full academic record is attached.]

Detailed reason for invoking the relaxing clause:

Please provide an extensive detailed explanation for this request.

Achievement of Learning Outcomes

I confirm that this student has achieved the learning outcomes for the course.

Signature of Course Coordinator

Date:

Signature of Head of School:

Date:

(after consultation with the Academic Director)

[Double Degree students may require signatures of both Heads of Schools.]

Signature of Director, Student Administration & Services:

Date:

Date of endorsement by Standing Committee of Academic Board:

Date:

Date of approval by Council:

Date: