ACADEMIC PROFILE
FOR SPECIAL PASS APPLICATION

Return to ______________________________ By date ______________

☐ This course is a prerequisite for another course in the next trimester so please complete
Urgent. this form urgently

Head of School ______________________________ Date sent ______________
Student Name ______________________________ Student ID ______________
Qualification ______________________________ Course Code ______________

The Convener of the Academic Committee considers Special Pass applications on the basis
of the academic profile. Incomplete applications may be referred back to the Head of School
for further information. The applicant and the school will be advised of the Convener’s
decision.

Please complete ALL questions and please provide any additional information which may
have a bearing on the decision. If scaling were applied to any mark for individual items of
assessment of for the overall course mark, please state all marks as they were after the
scaling.

<table>
<thead>
<tr>
<th>Item of assessment</th>
<th>Mark obtained</th>
<th>Percentage/weight of course mark</th>
<th>Contribution to course mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Items of assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List all items that contribute to the final grade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Other items</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>List all other items of course work which were assessed but not included in the final result.</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>3 Comparable Cohort</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please attach a printed extract from a spreadsheet/database (which details the full
assessment information for the course), sorted by grading on the sum of all internally
assessed work only, and showing a minimum of 10 students either side of the applicant.
Where the course has 25 students or fewer, the whole class should be covered. Please
indicate which entries are considered to be most comparable to the applicant.
4 Indicative Grade

Please give the indicative grade for the student after marking the examination script: _____

5 Additional Information

Please comment if some items of assessment are regarded as better predictors of overall course mark than others and on any noteworthy aspects of the examination, or any difficulties in finding a comparable cohort.

________________________________________

________________________________________

________________________________________

6 Recommendation

Under Section 4 of the Assessment Statute I certify that, taking into account the work of the applicant throughout the course, in my opinion the applicant:

☐ Is CLEARLY worthy of a pass
☐ MAY have passed
☐ Is CLEARLY NOT worthy of a pass

I RECOMMEND/DO NOT RECOMMEND that a pass be awarded.

COURSE COORDINATOR

Name ___________________________ Phone ___________________________

Signature ___________________________ Date ___________________________

HEAD OF SCHOOL

Name ___________________________

Signature ___________________________ Date ___________________________

Comments:

________________________________________

________________________________________

________________________________________

PLEASE RETURN THIS FORM TO THE FACULTY STUDENT ADMINISTRATION OFFICE, ALONG WITH THE MARKED EXAMINATION SCRIPT