

## 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 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 or for the overall course mark, please state all marks as they were after the scaling.

		Item of assessment	Mark obtained	Percentage/weight of course mark	Contribution to course mark
<b>1</b>	<b>Items of assessment</b>				
	List all items that contribute to the final grade				
<b>2</b>	<b>Other items</b>			N/A	N/A
	List all other items of course work which were assessed but not included in the final result.				

<b>3</b>	<b>Comparable Cohort</b>
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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**