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|  | **Certified Actuarial Analyst**  **Application for mitigating circumstances** |

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| *Please complete and return this form to:   CAA administration team, C/O The Institute and Faculty of Actuaries, 1st Floor, Park Central, 40/41 Park End Street, Oxford, OX1 1JD, UK. Tel: +44 (0)1865 268266 Email:* [*enquiries@caa-global.org*](mailto:enquiries@caa-global.org) | | | | | | | | | | |
| **This form is to be used if you would like mitigating circumstances to be taken into consideration when your exam script is marked. Please note the following:**   * Mitigating circumstances applications must consist of an explanatory covering letter and supporting documentation such as a medical certificate or doctor’s note * All mitigating circumstances applications must be submitted within two weeks of the examination date * Candidates that have applied for access arrangements may not apply for mitigating circumstances for the same reason | | | | | | | | | | |
| **Personal details** | | | | | | | | | | |
| **Name (BLOCK CAPITALS)** | | |  | | | | | | **ARN** |  |
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| **Exam details:** Please indicate the exams you wish mitigating circumstances to be considered for | | | | | | | | | | |
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| **CAA Module** | | | | | | | | | | |
| **Module** |  | | | **Centre and exam date** | |  | | | | |
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| **Mitigating circumstances details - Reason for request** | | | | | | | | | | |
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| **Supporting documentation** Please attach covering letter and supporting documentation | | | | | | | | | | |
| **Type of supporting documentation:** (e.g. medical report, doctor’s note) | | | | |  | | | | | |
|  | | | | | | | | | | |
| **Signature** | |  | | | | | **Date** |  | | |