**Private and confidential**

**PROFESSIONAL OPINION FORM**

This form MUST accompany an Extenuating Circumstances (EC) Form

Information in this form must be provided by a professional authority (e.g. doctor, counsellor, garda, examination officer, tutor) who then stamps and signs the form. A Professional Authority is regarded for the purposes of this form, as any professional individual who has dealt professionally with the student submitting the EC form and is aware of the personal circumstances leading to the student’s appeal to the Assessment Board.

Find TU Dublin’s GDPR information [here](https://eur05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tudublin.ie%2Fexplore%2Fgdpr%2F&data=05%7C01%7CCarole.Redmond%40TUDublin.ie%7Cdaa411344e1048ebb57908db03a404b8%7C766317cbe9484e5f8cecdabc8e2fd5da%7C0%7C0%7C638107775235353794%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=SeiTeIUokariM%2Fa6AzzbX0IFNNicHNd%2F1cUWqyQNlGo%3D&reserved=0). The [Data Protection Notice for Students](https://www.tudublin.ie/media/website/explore/privacy-policyx2fgdpr/documents/appendices/new-appendices/Data-Protection-Notice-Students.docx) is available on the TU Dublin website.

***To the professional providing an opinion:***

*Your help in providing information regarding the student’s situation is appreciated. This information will assist the University in considering the student’s academic performance and outcome. You will be requested to confirm that you have reviewed the student’s EC form.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Student’s Name: |  |  |
|  |  |  |  |  |  |
|  | Please indicate the category that best describes the student’s circumstances: |  |
|  | Physical injury, illness, accident or hospitalisation |  |  |  |
|  | Family illness |  |  |  |
|  | Bereavement |  |  |  |
|  | Other personal circumstances |  |  |  |
|  | Victim of crime |  |  |  |
|  | Other ­­­­­(specify below): |  |  |  |
|  |  |  |  |  |  |
|  |  |  |
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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | Date(s) on which the student was seen by you: |  |  |
|  |  |  |  |  |  |  |
|  | Date(s) of the illness/accident/other: |  |  |
|  |  |  |  |  |  |  |
|  | Your opinion of the period during which the student was affected by the above circumstances: |  |
|  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |
|  | Your opinion of the likely effect on the student’s capacity to undertake the examination/assessment concerned: |  |
|  | *Please tick appropriate box:* |  |  |  |
|  |  |  |  |  |  |  |
|  |  | No effect |  |  |  |  |
|  |  | Mild |  |  |  |  |
|  |  | Moderate |  |  |  |  |
|  |  | Severe |  |  |  |  |
|  |  | I am unable to make a judgement |  |  |  |  |
|  |  |  |  |  |  |  |
|  | I have reviewed the Student’s EC Form: | Yes |  | No |  |  |
|  |  |  |  |  |  |  |
|  | Name: |  |  |
|  |  |  |  |  |  |  |
|  | Profession: |  |  |
|  |  |  |  |  |  |  |
|  | SIGNATURE: |  | Date: |  |  |
|  |  |  |  |  |  |  |
|  | Official/Practice Stamp: |  |  |
|  |  |  |  |  |  |  |

This Professional Opinion should be completed and returned, by email, to Academic Affairs at ecforms@tudublin.ie, to accompany the Extenuating Circumstances (EC) Form.