PROFESSIONAL OPINION FORM

Information in this form must be provided by a professional authority (e.g. doctor, counsellor, nurse, chaplain, 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 PC1 form and is aware of the personal circumstances leading to the student’s appeal to the Examinations Board of Technological University Dublin (City Campus).

In relation to the General Data Protection Regulation (GDPR) 2016, the Privacy Notice in relation to this Professional Opinion Form is available at: http://www.dit.ie/qualityassuranceandacademicprogrammerecords/gdpr/.

To the professional providing an opinion:
Your help in providing information regarding the student’s situation is appreciated. This information will assist the Institute in the assessment of the student’s academic performance. You will be requested to confirm that you have reviewed the student’s PC1 form.

STUDENT’S NAME
________________________________________________________

Please indicate the category that best describes his/her circumstances:

- Physical Injury, Illness, accident or hospitalisation
- Family Illness
- Bereavement
- Other Personal or emotional Circumstances
- Victim of Crime
- Other ________________

DATE(S) ON WHICH STUDENT WAS SEEN BY YOU ________________________________

DATE(S) OF 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 PC1 form Yes □ No □

NAME ________________________________ PROFESSION ________________________________

SIGNATURE ________________________________ DATE _____/_____/_______

STAMP