

Private and confidential

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.

In relation to the General Data Protection Regulation (GDPR) 2016, the Privacy Notice in relation to this Professional Opinion Form is available at: <https://www.tudublin.ie/explore/gdpr/data-protection-policy/>

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 PC1 form.

STUDENT'S NAME

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

- | | |
|---|--------------------------|
| Physical Injury, Illness, accident or hospitalisation | <input type="checkbox"/> |
| Family Illness | <input type="checkbox"/> |
| Bereavement | <input type="checkbox"/> |
| Other Personal or emotional Circumstances | <input type="checkbox"/> |
| Victim of Crime | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

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

