Joint Committee on Intercollegiate Examinations

Mitigating Circumstances Submission Form

Full Name of Candidate	
Email Address	
GMC/IMC number (where relevant)	
Date & time reported to Relevant authority/Board Chair	
Date of Examination	
Examination Component: **Section 1 / Section 2**	
Surgical Specialty	

Detail of Mitigating Circumstances:

Please email this form to: enquiries@jcie.org.uk **and await formal acknowledgement**