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| **TEI:** | [Name of TEI] |
| **Date Held:** | [Date Scrutiny Meeting Heldl] |

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| **Suggested Template for Recording of SACs** | | | | |
| **Candidate** | **Modules & Assessments Affected** | **Duration of Impact** | **SAC Grade** | **Rationale for Grade** |
| [anonymous number] | [e.g. TMM1011: written examination] | [e.g. this examination] | [ 0 / 1 / 2 / 3 ] | [e.g. *Noted: report from invigilator received*  *Agreed: indcident occurred during examination, SAC likely had very significant adverse effect* ] |
| [anonymous number] | [e.g. TMM1021: written examination  TMM1077: written examination] | [e.g. examination period] | [ 0 / 1 / 2 / 3 ] | [e.g. *Noted: doctor's note received*  *Agreed: indcident occurred prior to examinations,but SAC likely had significant adverse effect* ] |
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