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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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