Extenuating Circumstances Form

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| PERSONAL AND COURSE INFORMATION | | | | | | | |
| Name (in full) |  | | | Student number: | |  | |
| Course Code: |  | | | Course Title: | |  | |
| Year of Study: |  | | | Course Tutor: | |  | |
| Email: |  | | | | | | |
| UNIT/ MODULE INFORMATION  Please provide the information below for each unit/ module affected by extenuating circumstances. You should read the Standard Operating procedure carefully before completing this section:  Type and Date of Assessment   1. The following codes only should be used to indicate Type of Assessment: CT=class test, ES=essay, EX=examination, PR=project, PT=presentation, O=other. 2. A separate entry should be provided for each type of assessment listed. The date entered should be the date of the examination or class test, or submission deadline for coursework.   Type of Circumstance  The following codes only should be used to indicate Type of Circumstances:  N = Non-attendance at examination or non-submission of coursework.  P = Performance affected by extenuating circumstances. | | | | | | | |
| Module Title | | Type and date of assessment | | | Type of circumstance (codes above) | | Tutor |
| Type | Date | |
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| DETAILS OF EXTENUATING CIRCUMSTANCES – Self certification or Evidence based | | | | | |
| 1. Nature of difficulty   (please tick as appropriate) | Illness | Yes/No | Other personal circumstances | | Yes/No |
| 1. Date(s) on which you were affected. | | |  | | |
| 1. Absence from study 2. **Self-Certification Option**   Are you Certifying for a period of up to five working days due to short term illness/absence only? | | | | | Yes/No |
| 1. **Evidence based absence**   Were you absent from the College for more than five working days as a result of your extenuating circumstance (illness or other personal circumstances)? | | | | | Yes/No |
| 1. Supporting evidence for absences of over five working days | | | | | |
| 1. Do you have medical certificate(s) or other supporting evidence? | | | | Yes/No | |
| 1. If ‘YES’ is the evidence attached? | | | | Yes/No | |
| If you do not have evidence, you should explain the nature of your difficulties | | | | | |
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EFFECT OF EXTENUATING CIRCUMSTANCES

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| Please explain the effect of the Extenuating Circumstances on performance in the assessments listed at “Type of Circumstance.” (You may continue a separate sheet if necessary). | | | |
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| Please state what your preferred outcome would be (e.g., specify the length of extension requested for coursework). | | | |
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| I confirm that to the best of my knowledge the information given on this form is a true and accurate statement of my personal circumstances. I agree to my information being referred to Student Wellbeing team to provide additional support if appropriate. | | | |
| Student Signature |  | Date |  |

**The completed form should be submitted to your course director/coordinator.**

1. **SECTION B: TO BE COMPLETED COURSE DIRECTOR/COORDINATOR**

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| Module/unit name and code | Consideration of Evidence  (Tick as appropriate) | | Recommendations of Course Director/coordinator |
| Upheld | Rejected |
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* Retrospective EC1 Self-certification will not be accepted.
* No more than 3 Self-certifications across a course will be accepted in an academic year.

**For EC1 Self-certification Monitoring Purposes**

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| Is this the first Self-certification? | | Yes/No |
| If Yes – Provide details |  | |
| If No  How many previous Self-certifications have been submitted? | |  |
| Is there a recurring illness that requires evidence from a GP/medical practitioner? | |  |
| Is there an attendance issue? | |  |
| Is a referral to Student Wellbeing required? | |  |
| Comments:  Is this current Self-certification accepted? | |  |