

Extenuating Circumstances Form

| PERSONAL AND COURSE INFORMATION | | | |
|---------------------------------|--|-----------------|--|
| Name (in full) | | Student number: | |
| Course Code: | | Course Title: | |
| Year of Study: | | Course Tutor: | |
| Email: | | | |

| UNIT/ MODULE INFORMATION | | | | |
|---|-----------------------------|------|------------------------------------|-------|
| <p>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:</p> <p>Type and Date of Assessment</p> <p>(i) 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.</p> <p>(ii) 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.</p> <p>Type of Circumstance</p> <p>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.</p> | | | | |
| Module Title | Type and date of assessment | | Type of circumstance (codes above) | Tutor |
| | Type | Date | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DETAILS OF EXTENUATING CIRCUMSTANCES – Self certification or Evidence based

| | | | | |
|--|---------|------------|------------------------------|------------|
| (i) Nature of difficulty (please tick as appropriate) | Illness | Yes/ No | Other personal circumstances | Yes/ No |
| (ii) Date(s) on which you were affected. | | | | |
| (iii) Absence from study a) Self-Certification Option Are you Certifying for a period of up to five working days due to short term illness/absence only? | | | | Yes/ No |
| b) 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 |
| (iv) Supporting evidence for absences of over five working days | | | | |
| a) Do you have medical certificate(s) or other supporting evidence? | | | | Yes/No |
| b) If 'YES' is the evidence attached? | | | | Yes/No |
| If you do not have evidence, you should explain the nature of your difficulties | | | | |
| | | | | |

EFFECT OF EXTENUATING CIRCUMSTANCES

| | |
|---|------|
| 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). | |
| | |
| Please state what your preferred outcome would be (e.g., specify the length of extension requested for coursework). | |
| | |
| 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 BY COURSE DIRECTOR/COORDINATOR

| Module/unit name and code | Consideration of Evidence (Tick as appropriate) | | Recommendations of Course Director/coordinator |
|---------------------------|--|----------|--|
| | Upheld | Rejected | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- 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

| | | |
|---|--|--------|
| 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? | | |