

Request for Extenuating Circumstances to be considered by the Extenuating Circumstances Board.

Instructions to Students: Complete all sections **in full** before submitting it to Registry. The Extenuating Circumstances Board **will not** consider incomplete forms.

Student No:		Family name:		First names:	
Route Code:		Route Title:		Year of Course:	

Please indicate the module(s) in which you feel your performance has been affected. Please indicate the assessment(s) affected (e.g. Assessment 1: essay, Assessment 2: in-class test, Assessment 3: exam) and the date(s) of submission. If there are more than 4 modules please complete a second form and staple it to this one.

Module Code:		Module Title:		Module Leader:	
Assessment(s) affected:				Date(s) of submission:	
Module Code:		Module Title:		Module Leader:	
Assessment(s) affected:				Date(s) of submission:	
Module Code:		Module Title:		Module Leader:	
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Module Code:		Module Title:		Module Leader:	
Assessment(s) affected:				Date(s) of submission:	

Did you seek an extension for any of the assessments you have indicated were affected?
If yes, please list module codes and assessment numbers here:

Yes/No*

Module Code:	Assessment Number(s):	Module Code:	Assessment Number(s):	Module Code:	Component Number(s):	Module Code:	Assessment Number(s):
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Give dates for period affected: From: _____ To: _____

Have you attached medical or other evidence to this form? (see notes on reverse)

Yes/No*

Please give a brief description of your extenuating circumstances (attach a detailed statement)

I declare that the information I have presented on and with this form is genuine.

Signed: _____ Date: _____

*delete as appropriate.

This form must be handed in (or sent) to the Registry immediately or no later than _____

Receipt: To be completed by student and stamped by Registry.			Official Registry Stamp:
Student No:	Route Title:		
Family name:	First names:		
Route Code:	Year of Course:	Date form Handed in:	

Further Instructions to Students:

This form will be logged in a confidential file and reported to the appropriate Extenuating Circumstances Board, which will meet within two weeks of the deadline for submission of claims.

You are strongly advised to keep a copy of this form.

In support of this claim you are strongly advised to submit documentary evidence from an independent source, e.g. a medical practitioner, a counsellor from inside or outside the University or your employer. In addition, you should submit a full personal statement.

If you prefer not to put sensitive information about your personal circumstances in writing you may see your Award Leader or Personal Tutor in person, or ask a University counsellor to support your application without giving written details.

Your claim will be assessed using University criteria, which can be found in Appendix 9 of the Academic Regulations for Students.

For Registry use only:

Module Code	Assessment(s) Affected	Accepted	Rejected

Chair's Signature _____