



NCH Diploma Extenuating Circumstances Application Form

You must complete this form in any case where you believe circumstances outside your control have affected your ability to complete, submit, prepare for or attend NCH Diploma assessments. For LAUNCH, students must complete every assignment and miss no more than two timetabled teaching sessions without Extenuating Circumstances.

The Extenuating Circumstances Officer (Dr Callum Barrell, callum.barrell@nchlondon.ac.uk) will consider the case and may, if it is deemed necessary, consult another member of staff for further information.

If approved, the outcome of this request will be reported on your student record as "approved extenuating circumstances", normally without further details.

It is your responsibility that you submit the form fully completed. Assignments or circumstances which you have not reported on this form may not be considered.

This form must be submitted as soon as is reasonably practicable after you know that extenuating circumstances have or will affect your work, even if not all of the relevant information and supporting evidence is available. See the Extenuating Circumstances – Diploma Assessment Policy for more detailed information.

All claims must be supported by third party, independent written evidence, such as a letter from a doctor, a medical certificate, or if appropriate, an employer. Refer to the Extenuating Circumstances – Diploma Assessment Policy for further information.

YOUR NAME	
DEGREE SUBJECT	
LAUNCH/ENRICHMENT SUBJECT	

Please select one or two option(s) (on the next page), ensuring you include deadlines or exams for ALL relevant assignments and courses.

SELECT OPTION 1 if you wish to ask for an **extension** on a deadline.

SELECT OPTION 2 if you wish to request an alternative method of assessment. (For example, you have **missed an assessment that cannot be taken later in its original format** such as a group presentation or an unseen examination, and would like to be given a replacement assignment).

SELECT OPTION 3 if you wish to record extenuating circumstances for reconsideration of completed work. This option should only be used if you have **completed an assessment(s)**, but believe that adverse circumstances substantially affected the quality of your work. Note that this option requires medical evidence of an impairment of your judgment of your fitness to submit or attend the assessments.

SELECT OPTION 4 if you wish to record extenuating circumstances for missed attendance at a timetabled LAUNCH teaching session.

OPTION 1: I wish to request extension(s) for NCH Diploma work.

COURSE TITLE(S)	
COURSE LEADER(S)	
ASSIGNMENT(S) TO BE MISSED	
RELEVANT DATE(S) (E.G. ESSAY DEADLINE, DATE OF EXAMINATION)	

OPTION 2: I wish to request alternative method of assessment.

COURSE TITLE(S)	
COURSE LEADER(S)	
ASSIGNMENT(S) TO BE MISSED	
RELEVANT DATE(S) (E.G. ESSAY DEADLINE, DATE OF EXAMINATION)	

OPTION 3: I wish to record circumstances that affected preparation of work or performance on examination.

COURSE TITLE(S)	
COURSE LEADER(S)	
ASSIGNMENT(S) TO BE MISSED	
RELEVANT DATE(S) (E.G. ESSAY DEADLINE, DATE OF EXAMINATION)	

Please explain the circumstances leading to this request. How has it affected your work?

--

- OPTION 4:** I wish to record extenuating circumstances for missed attendance at a timetabled LAUNCH teaching session.

RELEVANT date(s)	
-------------------------	--

What evidence are you attaching to this form to substantiate your request?

- Illness (medical certificate/letter from an appropriate medical adviser)*
- Hospitalisation (medical evidence)*
- Family Illness (medical certificate/letter from appropriate medical adviser)*
- Bereavement*
- Financial (Bank Statement)*
- Supporting evidence is not yet available, but is expected on _____ (date). Please also tick the relevant box above to show what evidence you will be supplying.*
- Student and Academic Services have been given access to this information; my signature below authorises its release for the purposes of this EC request.*
- Other Evidence (please list here)*

Signature (If submitting by email, please type full name)	
Date of submission	