Undergraduate Extenuating Circumstances Application Form

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**PLEASE READ THE UNDERGRADUATE EXTENUATING CIRCUMSTANCES POLICY BEFORE COMPLETING THIS FORM.**

You can use this form when you are:

1. Unfit to submit an assessment or sit an examination.
2. Requesting an extension to a deadline.

# what are you applying for?

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| --- | --- | --- |
|  | Tick if you are applying for extenuating circumstances to **Defer** your assessment until the next possible opportunity.This would normally apply to you if you have experienced an extenuating circumstance **and do not believe you are fit to study at this time.** | You may only select this option if you have NOT already submitted or sat the specified assessment(s). Any extenuating circumstances will automatically be rejected where assessment has been attempted; by submitting an assessment or sitting you are declaring yourself fit to do so.If your EC is successful, you will be required to submit the specified assessment(s) or sit at the next available opportunity. |

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|  | Tick if you are applying to **submit assessments up to five working days after the deadline** submission date.This would apply to you if you have experienced an extenuating circumstance but will be ‘fit to study’ with additional time; and assessment can then be submitted with a claim for an extension to the deadline date under the EC policy.  | If the extension request is approved, your work will be marked without penalty and the full mark will be applied.If the claim for the extension is not approved, the mark will be capped at 40%.Work resubmitted on a refer basis (i.e. without approved EC) must be handed in by the deadline date or it will be given a mark of zero. |

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|  | Tick if you are applying to **submit assessments up to ten working days after the deadline** submission date.**NB. This is for requests related to COVID-19 only.**This would apply to you if you have experienced an extenuating circumstance but will be ‘fit to study’ with additional time; and assessment can then be submitted with a claim for an extension to the deadline date under the EC policy. | If the extension request is approved, your work will be marked without penalty and the full mark will be applied.If the claim for the extension is not approved, the mark will be capped at 40%.Work resubmitted on a refer basis (i.e. without approved EC) must be handed in by the deadline date or it will be given a mark of zero.**NB. This is for requests related to****COVID-19 only.** |

The information you give on this form must be supported by **appropriate signed, dated, and independent documentary evidence** which covers the dates of the assessment(s) concerned [(see Annex 1 of the Undergraduate Extenuating Circumstances Policy)](https://www.nchlondon.ac.uk/about-us/academic-handbook/nch-policies-and-procedures/nch-undergraduate-degree/) **unless your request is related to disruption caused by the COVID-19 outbreak.** It is your responsibility to submit this information, which will then be assessed by the EC Panel.

If you wish to expand your information, continue on a separate sheet. Ensure you follow the paragraph numbering of this form, and make sure the extension sheet is signed and dated.

If you are uncertain about how to complete this form after reading the policy, please contact the Academic Services Coordinator, Imogen Pickup.

The submission of evidence is no guarantee that extenuating circumstances will be accepted.

# YOUR DETAILS

|  |  |
| --- | --- |
| Name |  |
| Student number |  |
| Email address |  |
| Telephone number |  |
| Degree programme |  |
| Year/level(e.g. Year 1/level 4) |  |

Is your application confidential? (please delete as appropriate) YES NO

# WHICH SPECIFIC COURSE(S) AND OR ASSESSMENT(S) WERE AFFECTED BY YOUR CIRCUMSTANCES (FOR EXAMPLE, EXAMINATION, ASSIGNMENT, PRESENTATION)?

|  |  |  |  |
| --- | --- | --- | --- |
| Coursecode | Full course title | Exam/assignment/presentation | Hand-in date/examination date |
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# WHAT ARE THE EXTENUATING CIRCUMSTANCES YOU WISH TO BE TAKEN INTO CONSIDERATION? PLEASE GIVE EXACT DATES.

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| --- |
|  |

# WHICH CATEGORY DO YOUR EXTENUATING CIRCUMSTANCES COME UNDER, AND WHAT INDEPENDENT SUPPORTING EVIDENCE ARE YOU SUBMITTING? PLEASE KEEP A COPY OF ALL SUPPORTING EVIDENCE YOU SUBMIT.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Category | Tick | Supporting evidence | Tick |
| A | Acute illness |  | Medical certificate |  |
| Signed statement by medical adviser |  |
| Statement from a recognised independent professional |  |
| B | Illness of a dependant |  | *Either*: Medical certificate |  |
|  | *Or:* Letter from appropriate medical adviser |  |
| *And* a statement from the student |  |
| C | Bereavement |  | Death certificate |  |
|  |  |  | Coroner’s report  |  |
| Order of service |  |
| D | Court attendance |  | Official correspondence from Court or Tribunal |  |
| E | Victim of crime |  | Copy of police/crime report |  |
| F | Military reserves |  | Official correspondence from Commanding Officer |  |
| G | Sport commitment |  | Official letter from sporting body |  |
| H | Not relevant  |  |  |  |
| I | Retake level rather than individual courses |  | Statement from a recognised independent professional |  |
| J | Other exceptional and personal circumstances that do not come under the categories listed |  | Please list: |  |
| K | COVID-19 |  |  |  |

## YOU MUST COMPLETE THIS CHECKLIST BEFORE SUBMITTING THIS FORM:

### Claims without supporting evidence which are not related to the COVID-19 outbreak will not be successful.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you filled in all sections of the form? | YES |  | NO |  |  |
| Do you have appropriate supporting documents? | YES |  | NO |  |
| Have you attached the appropriate evidence? | YES |  | NO |  |

I understand that these extenuating circumstances will normally be disclosed to the Extenuating Circumstances Panel and the Assessment Board considering my results.

I also understand that if I were found to be making a false declaration, this could be considered academic misconduct.

If I disclose information which suggests that I am at risk of serious or imminent harm, I understand that the form will be shared with appropriate people in the College for the sole purpose of providing adequate support.

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| --- | --- |
| Signature |  |
| Date of submission |  |

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| **Title: Undergraduate Extenuating Circumstances Application Form****Approved by: Academic Board** |
| Version number | Date approved | Date published  | Author  | Location | Proposed next review date |
| 1.3 | April 2019 | April 2019 | SAS | Academic Handbook/policies and procedures/general | July 2019 |
| 1.2 | January 2019 | January 2019 | SAS | Academic Handbook/policies and procedures/general | July 2019 |
|  |
| Referenced documents | Undergraduate Extenuating Circumstances Policy |
| External Reference Point(s) | UK Quality Code Theme: Assessment, Enabling Student Achievement |