

**University of Nottingham Extenuating Circumstances Form**

**Before completing this form, please ensure you have read** [**the Extenuating Circumstances procedure**](https://www.nottingham.edu.cn/en/academicservices/unnc-extenuating-circumstances-procedure/unnc-extenuating-circumstances-procedure.aspx)**. You must complete all sections of this form before submission.**

**This form must be completed by the student and submitted to the Hub in PB120 or send completed form via email to (****thehub@nottingham.edu.cn****) within 7 days of an affected examination or before the affected assignment deadline.**

Evidence which is not in English must be translated by an accredited translator. **Confidential evidence** can be submitted in a **sealed envelope** or to the **School Senior Tutor via email.**

|  |  |  |
| --- | --- | --- |
| Student ID Number | Student Name | Programme (e.g. BEng Civil Engineering) |
|  |  |  |
| School / Department | Personal Tutor | Year of Study (Y1, Y2,Y3,Y4,PG) |
|  |  |  |

**1. Please indicate why the form is being completed by ticking the appropriate box or boxes:**

|  |  |
| --- | --- |
| [ ]  | absence from an examination/assessment or non-submission of coursework |
| [ ]  | request for extension(s) to deadlines for submission of assignment(s)  |
| [ ]  | claim of adversely impacted performance in an assessment |
| [ ]  | request for extension to the date set for / a further annual review (PGR students only) |
| [ ]  | late diagnosis of a disability or long-term medical condition |

**2. When were you affected -** e.g. from 02 May 2017 to 09 May 2017. **The evidence you provide should cover these dates**

|  |  |
| --- | --- |
| **From** | **To** |
|  |  |

**3. What work or assessment was affected?**

If there are multiple elements of assessment in the module that you are claiming for, please specify in the Module Title box which part your claim relates to. For example, by giving the assignment name.

Note:If you believe that you have extenuating circumstances which are affecting your ability to study and/or undertake assessments, please submit your extenuating circumstances claim ***as soon as possible in line with the following time limits***. If you have missed the standard time limits below, please refer to section 9.5 of the [Extenuating Circumstances Procedure](https://www.nottingham.edu.cn/en/academicservices/unnc-extenuating-circumstances-procedure/unnc-extenuating-circumstances-procedure.aspx).

**Coursework:** Claims must be submitted before the coursework deadline.

**Timetabled examinations/assessments:** Claims must be submitted prior to, or within seven days of, the examination.

|  |  |  |  |
| --- | --- | --- | --- |
| **Module code** | **Module title -** (if there are multiple elements of assessment, please provide assignment name) | **Type of assessment affected?**(please indicate by **√** relevant assessment type) | **Coursework Deadline/****Exam Date** |
|  |  | [ ]  Exam/[ ]  Coursework/[ ]  in class assessment/[ ]  Presentation/[ ]  Other |  |
|  |  | [ ]  Exam/[ ]  Coursework/[ ]  in class assessment/[ ]  Presentation/[ ]  Other |  |
|  |  | [ ]  Exam/[ ]  Coursework/[ ]  in class assessment/[ ]  Presentation/[ ]  Other |  |
|  |  | [ ]  Exam/[ ]  Coursework/[ ]  in class assessment/[ ]  Presentation/[ ]  Other |  |
|  |  | [ ]  Exam/[ ]  Coursework/[ ]  in class assessment/[ ]  Presentation/[ ]  Other |  |
|  |  | [ ]  Exam/[ ]  Coursework/[ ]  in class assessment/[ ]  Presentation/[ ]  Other |  |

**4. What evidence are you providing in support of your claim? -** It is important that the evidence you supply not only covers the dates declared in section 2, but supports the claim of impact provided in section 6.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please tick |  | Please tick |
| Doctor’s note/letter |  | Letter from counsellor/consultant/other specialist |  |
| Record of hospital admission |  | Supporting statement from member of staff |  |
| Death Certificate |  | None, I am self-certifying my absence - (if you choose this option, please fill out additional ‘[self-certification](https://www.nottingham.edu.cn/en/the-hub/documents/self-certify-form-v31.docx)’ section) |  |
| Other |  |

Please note that the Counselling service and Personal Tutor are not obliged to provide supporting evidence and cannot do so if you have not made them aware of your circumstances prior to making this claim.

**Will supporting documentary evidence be submitted separately? (Yes** [ ]  **/ No** [ ]  **)**

If not provided at the point of submission, supporting documentary evidence should be submitted within 14 days of the coursework deadline or examination. A decision cannot be made until evidence is received.

**Have you made any Academic Support Plan (ARF, DRF) to Disability support in UNNC Wellbeing Service Office during the current semester? (Yes** [ ]  **/ No** [ ] **)**

**Are you using the Academic Support Plan for Disability as evidence in this claim? (Yes** [ ]  **/ No** [ ] **)**

If you are using an Academic Support Plan for Disability in this claim, please discuss your claim and extension request with the Disability Officer and obtain their signature:

|  |  |
| --- | --- |
| Disability Officer’s signature and date |  |

**5. Although it isn’t mandatory for you to speak to someone before you submit a claim, staff members can provide helpful advice, if needed. If you’ve been speaking to someone about the circumstances affecting your study, it can be helpful for the Panel to know this.**

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick | Name | Please tick | Name |
| [ ]  Yes, my Personal Tutor |  | [ ]  Yes, another staff member |  |
| [ ]  Yes, my School/Department Senior Tutor |  | [ ]  No, I have not spoken to anyone |  |
| [ ]  Yes, my Faculty Senior Tutor |  |

**6. Explanation of the situation -** Please tell us: what happened? How did it impact upon your studies or assessment?

|  |
| --- |
| \*if you provide your evidence in sealed envelope, you don’t need to illustrate in the column. |

**7. What outcome are you seeking from this claim? -** In order to support you in making this claim, we need you to tell us what outcome you are expecting for every affected assessment. Potential outcomes are: waive late submission penalties, extension to submission deadline (please indicate your requested new submission date), further first sit attempt, further reassessment attempt. Submitting the claims doesn’t mean that your request will be automatically approved.

|  |
| --- |
|  |

**Student signature and consent**

|  |
| --- |
| The information I have provided is correct and complete to the best of my knowledge. In submitting this form I given my consent for this information to be disclosed to relevant Examiners and Officers of the University responsible for considering my claim. I understand that the claim will be kept on my University record. Please note, whilst all applications will be treated with appropriate confidentiality, details may be shared with welfare colleagues, who may need to contact you directly to offer advice and support if the information disclosed is of significant concern. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |