

Please read the guidance in the Extenuating Circumstances (EC) Policy before completing this form.

Keep a copy of this form for your records. All correspondence relating to this claim will be sent to your registered **SEC email address** so please make sure that you check it regularly.

Your claim must be submitted with complete supporting evidence as soon as possible, within two weeks of the circumstances commencing, and at least two weeks before the Exam Board meeting. You must submit your work by the published deadline wherever possible. If, as a result of the EC, you are unable to meet the deadline, you must submit the work as close to published date as possible, at a time when you are satisfied with the work you have completed. Work with an approved EC that is submitted up to 6 working days after your original deadline will be considered as 'on time'.

The **HE Support Team** can provide advice and guidance on Extenuating Circumstances and help you to fill out your claim. You can contact them by emailing HESupport@southessex.ac.uk , phoning 01702 220475/220696.

Please submit your completed form and evidence to the College EC email address:

heextcircs@southessex.ac.uk

| Part A – Student Details: | | | | | |
|---------------------------|---|-------------|-------------------------|-------------------------|-----------------------|
| 1 | Student ID number: | | | Course: | |
| | Name: | | | Year of Study: | |
| | SEC Email Address: | | | Course Leader: | |
| | Contact Telephone: | | | Module Tutor: | |
| Part B – Claim Details: | | | | | |
| 2 | Please state all Module and Tasks that have been affected: | | | | |
| | Module Title(s): | | | | |
| | Task (s): | | Task Deadline(s): | | |
| 3 | Nature of the EC (Please highlight): | | | | |
| | Serious Medical Condition | Bereavement | Trauma | Caring Responsibilities | Court Attendance |
| 4 | Date(s) of the EC: | | From: dd/mm/yyyy | | To: dd/mm/yyyy |

| | | | |
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| 5 | Type of Request (Please highlight): | Late Submission penalty removal | |
| 5 | Description of the Extenuating Circumstances: | | |

Continue on a separate sheet if necessary.

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| 6 | How have these circumstances affected the task(s) listed above? Please include exact dates. |
| | <i>Continue on a separate sheet if necessary.</i> |

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| 7 | What supporting evidence is attached to this form? |
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EXTENUATING CIRCUMSTANCES CLAIM FORM
THE INFORMATION ON THIS FORM IS CONFIDENTIAL

FORM-EC1

Forms submitted without formal supporting documentary evidence will not be considered. Please see the guidance for further information on the types of evidence that will be considered.

Part C - Disabilities and Long Term Medical Conditions:

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|----------|---|----------------|
| 8 | <p>Do you have a disability or long term medical condition?</p> <p>If you have a disability or long term medical condition, staff at our college disability services can provide advice, guidance and support. If you would like to disclose a disability to the University and access these support services, please visit the Central Disability Service website https://www.southessex.ac.uk/he/he-additional-learning-support</p> | Yes/ No |
| 9 | <p>If you have a disability, are you happy for the Extenuating Circumstances Panel to contact the Disability Service for information about your condition?</p> <p>The Disability Service will not normally pass information about your condition to a third party, including the EC Panel, without your consent. However it will help us to process your EC claim more effectively if we can contact the Disability Service to find out more about your condition and any special arrangements that have been put in place for you. If you are happy for the EC Panel to speak to the Disability Service, please let us know. This information will remain confidential to the EC Panel and will not be made available to your tutors or other course staff.</p> | Yes/ No |

Part D – Checklist and Student Signature

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|-----------|--|---------------------|
| 10 | <p>Please check the following questions before you sign and date the form:</p> <ul style="list-style-type: none"> • Have you completed all sections of the form? Yes/ No • Have you clearly indicated which modules and tasks have been affected by the EC? (You might need to check your course handbook to find the exact unit title). Yes/ No • Have you given clear details of the dates that have been affected by the EC? Yes/ No • Have you attached appropriate supporting evidence? Yes/ No <p>Applications without evidence attached will be rejected. Yes/ No</p> | |
| 11 | <p>Student Signature:</p> | <p>Date:</p> |