

CONFIDENTIAL

Extenuating Circumstances For Students Studying For Pearson BTEC Higher National Awards

Academic Year 2023-24

Please complete scan and return this form along with supporting documentation (refer to the Extenuating Circumstances Policy) by email to hNECpanel@southessex.ac.uk and a copy to your programme leader

Deadlines:

Within 10 working days of the Deadline of the Assessment

If you are requesting an extension to an assessment, please use the Extension to Deadline Request form

Forms will not be accepted after the deadline. Receipt of this form will be acknowledged by email to your College email account

ACADEMIC YEAR: 2023/24

CONFIDENTIAL EXTENUATING CIRCUMSTANCES

Student ID number	
Title of Programme	
Year of Study	

This form should be completed if you want to make the Extenuating Circumstances Panel and the Assessment Board (Exam Board) aware of any extenuating circumstances which you believe may have adversely affected your performance either during the year or in the examinations. Please read the extenuating circumstances policy and guidelines before completing this form.

This form must be completed within 10 working days of the deadline of the published assessment or examination.

It is important to realise that only the most serious extenuating circumstances are likely to have a significant effect on your overall results. Please take time to assess your situation carefully and only submit details of extenuating circumstances if you are sure that they have *significantly* affected the quality of your work. Remember that the Assessment Board will be looking at the affected work in the context of the rest of your work throughout the year(s) and is unlikely to take extenuating circumstances into account unless it is apparent that the work in question is of a significantly lower standard. The Assessment Board will not change grades awarded, but will assess whether your performance had been adversely affected and will take this into account when making decisions about student progress or unit/ qualification grade(s).

You are encouraged to submit incomplete coursework if you failed to meet the deadline, so that you at least have a grade for the Assessment Board to consider.

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umstances. What do	ent of the impact of you sults would have been lik
	nt Board to take, (possibes policy and guidelines)

d) If you believe your performance in your assessed work has been significantly impaired or you were unable to submit work or were absent from a practical or test* please list the affected work and describe how it was affected or the reason for your absence.

List below the documentation which you have attached in support of your statement (Please note that the College will NOT seek evidence on your behalf – it is your responsibility to do this). The College reserves the right to check on the validity of the document(s) you submit by contacting the third party directly. *If you do not provide appropriate supporting evidence your claim will be rejected.

Coursework & Exams affected Give Unit code, title and name of coursework i.e., portfolio, journal etc or alternatively state exam. Include submission deadline for coursework and/or date of exam.		Period affected State clearly exact dates affected both from and to. Do not state month only.		and concisely against each	Evidence provided* Submit this form with as much evidence as possible which supports the dates of assessment submissions affected. Use this column to identify the evidence you are providing.
Unit code	Name of coursework and/or exam, with dates	From	То	affected date you have entered.	Evidence must be provided for all extenuating circumstances claims. In cases of absence from examinations you must provide medical evidence (Note that the College will not contact third parties on your behalf to obtain proof – It is your responsibility to submit evidence)

Extenuating Circumstances Declaration

You should note that submitting a false claim or fraudulent documentation is a serious matter and is an academic offence, which will be dealt with under the Academic Offences Procedures. The College reserves the right to check on the validity of the document (s) you submit by contacting the third party directly.

I confirm that the information I have given is true and that I have read and understood the guidelines on extenuating circumstances.

Signed	
Date	

Medical Evidence Proforma

Before completing this form you **MUST** read paragraph E of the extenuating performance policy and guidelines. Only use this form if your circumstances fall under the categories where medical evidence is required, as listed in the guidelines. Your Medical Practice is likely to reserve the right to refuse to provide evidence if your claim falls outside the guidelines.

When you have completed Section 1, it is your responsibility to take this form to your Medical Practice for completion of Section 2. **The College will not get this signed on your behalf.** This form should be attached to your extenuating circumstances form. If the Practice prefers to use their own procedures, you should attach whatever documentation they give you.

Student Name	
Date of Birth	

I state that my work has been severely affected by the following medical condition:

Medical Condition	
Date(s) affected	

I am asking my Medical Practice to validate this claim and return the document to me. I am signing below to give my consent for this information to be supplied under the terms of the Access to Medical Records Act 1990.

Student signature	
Date	

Now take this form to your Health Centre/Medical Practice – we will not get it signed on your behalf.					
Section 2 to be completed by the Medical Practice					
Following the student's request, we can confirm that the student:					
a) Has/had a sig) Has/had a significant condition that should be taken into account				
b) Has/had a cor	ndition that may be taken into account				
c) There is no cli	nical evidence to support their statement				
d) Is unfit to sit a	n examination on (date(s))				
e) Other comme	nts				
Name					
Signature					
Date					
Stamp					