

CONFIDENTIAL

**Extenuating Circumstances Form
For Students Studying For University of East Anglia Awards at South Essex
College**

**Please refer to the Extenuating Guidelines for Students Studying For University of
East Anglia at South Essex College**

Return this form by email to

HEextcircs@southessex.ac.uk

**You will receive an email response to your College email account which will
confirm the outcome of your claim.**

South Essex College of Further & Higher Education

CONFIDENTIAL
EXTENUATING CIRCUMSTANCES FORM

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 Board of Examiners 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 HE Extenuating circumstances policy and guidance for staff and students before completing this form.**

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 Board of Examiners 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 Board of Examiners will not change marks awarded, but will assess whether your performance had been adversely affected and will take this into account when making decisions about student progress or degree classification.

Nature of your claim

- **Extension to Submission Deadline**
- **Delayed Assessment/Reassessment**
- **Consideration by Board of Examiners**

- a) If you believe your performance in any assessed work during the year have been significantly impaired or you were unable to submit work or were absent from an examination* please list the affected work and describe how it was affected or the reason for your absence.

Please note that the College will NOT seek evidence on your behalf – it is your responsibility to do this.
If you do not provide appropriate supporting evidence your claim will be rejected.

Coursework & Exams affected		Period affected		Details of extenuating circumstances	Nature of Your Claim
Module code & Deadline	Assessment Name of coursework and/or exam, with dates	From	To		
Give module 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. *if your EC has affected multiple modules or assessments kindly enter all of them in the same column.		State clearly exact dates affected both from and to. Do not state month only.		Detail the circumstances clearly and concisely against each affected date you have entered. Clearly explain how the extenuating circumstance(s) impacted on your ability to submit work by the deadline date.	

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.

You consent to the college checking the validity of the document(s) you submit by contacting a third party. Yes No

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.

Section 1 to be completed by the student

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 significant condition that should be taken into account
- b) Has/had a condition that may be taken into account
- c) There is no clinical evidence to support their statement
- d) Is unfit to sit an examination on (date(s).....)
- e) Other comments

Name: Signature:

Date:

Stamp: