CONFIDENTIAL
EXTENUATING CIRCUMSTANCES FORM

This form is ONLY for use by postgraduate students – AND undergraduate students whose module is part of a
health professions qualification, or part of a post-registration programme of study. Undergraduate students
on other programmes should use the standard form available through the Registry’s webpage:-
http://www2.essex.ac.uk/academic/students/ug/extenug.html

**FULL NAME:**

**REGISTRATION NUMBER:**

**COURSE:**

**DEPARTMENT:**

**YEAR OF STUDY**  FOUNDATION / 1\(^{ST}\) YEAR / 2\(^{ND}\) YEAR / 3\(^{RD}\) YEAR / 4\(^{TH}\) YEAR

*Please complete your claim overleaf:*

**FOR OFFICE USE ONLY:**

<table>
<thead>
<tr>
<th>Outcome Recommended by ECC</th>
<th>SUPPORT</th>
<th>PARTIAL SUPPORT</th>
<th>DO NOT SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Signature of Chair of ECC:

Date:  

Copied to:  

This form should be completed if you want to make the Extenuating Circumstances Committee/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 notes for guidance before completing the sections which apply to
you. You need to submit **2 copies** of the form and any documentation by the published deadline.  See guidelines for
details of deadlines and where to submit your form.

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 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.

You are encouraged to submit incomplete coursework if you failed to meet the deadline, so that you at least have a
mark for the Board of Examiners to consider. Students should refer to the ‘Late Submission Form’ and guidance on
the Late Submission Policy for further information at:
http://www2.essex.ac.uk/academic/students/ug/crswk_pol.htm

Students should refer to the ‘Late Submission Form’ and guidance on the Late Submission Policy for further
information at: http://www.essex.ac.uk/hhs/current_students/default.aspx
a) If you believe your performance in any assessed work during the year was significantly impaired or you were unable to submit the work, please list the affected work and describe how it was affected - including dates of the period covered.

<table>
<thead>
<tr>
<th>Period Affected</th>
<th>Coursework Affected and Deadline</th>
<th>Details of Extenuating Circumstances and how they have affected your work</th>
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<tbody>
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b) If you believe your performance in examinations was significantly impaired, or you were absent from an examination*, please state the dates and names of the affected examination(s), and describe how they were affected or give the reason for your absence. *Medical evidence must be provided in cases of absence from examinations due to illness - please see the notes for guidance.

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Exam(s)</th>
<th>Details of Extenuating Circumstances and how they have affected your exams/Reason for Absence</th>
</tr>
</thead>
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</table>
c) Please give an overall assessment of the impact of your extenuating circumstances. What do you believe your results would have been like under normal circumstances?


d) List below the documentation which you have attached in support of your statement (Please note that the University will NOT seek evidence on your behalf – it is your responsibility to do this). The University reserves the right to check on the validity of the document(s) you submit by contacting the third party directly. The Extenuating Circumstances Committee reserves the right to reject cases where evidence is not provided.

(Please do not state that “xxx is available if needed” - If you list documentary evidence to support this claim you ARE required to submit it.)


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 University 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: ___________________________ DATED: ___________________________

Return 2 COPIES of this form and supporting documentation to location stated in the guidance. All deadlines can be found in the guidance. Forms will not be accepted after the deadline unless there are exceptional reasons.
Medical Evidence Proforma

Before completing this form you MUST read the extenuating circumstances guidelines as third party documentary evidence is NOT always required. Only use this form if your circumstances fall under the categories where medical evidence is required, as listed in the guidelines. Your Medical Practice/Health Centre is likely to reserve the right to refuse to provide evidence if your claim falls outside the guidelines or it may impose a charge.

When you have completed Section 1, it is your responsibility to take this form to your Medical Practice for completion of Section 2. The University will not get this signed on your behalf. If other Practices prefer to use their own procedures, you should attach whatever documentation they give you. The Health Centre at the Colchester Campus will send completed forms by post to students, but you must supply a self-addressed envelope (with a stamp if you live off-campus). Undergraduate students on the Colchester campus may have forms collected and submitted to the Registry on their behalf, if they so wish and have given signed consent.

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.

For Undergraduate student registered at the University Health Centre only: I agree/do not agree that Student Support staff can copy and submit this form to Registry. (Please delete as appropriate)

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 Health Centre/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:………………………………………………………….. Signed……………………

Date:………………………………………………………….. Stamp: