**EXTENUATING CIRCUMSTANCES FORM**

FOR POSTGRADUATE RESEARCH STUDENTS

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| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |
| **Department/School** | Choose an item. | **Registration Number** |  |

This form should be completed if you want to make your department and the Supervisory Panel and Research Student Progress Board aware of any extenuating circumstances which you believe may have adversely affected your progress during the year. Please read the [online notes for guidance](https://www1.essex.ac.uk/students/exams-and-coursework/ext-circ.aspx) before completing the sections which apply to you. You may wish to discuss with your supervisor whether a period of [intermission](https://www1.essex.ac.uk/students/course-admin/intermission.aspx) would be beneficial.

It is important to realise that only the most serious extenuating circumstances are likely to have a significant effect on your overall progress. 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 and your ability to meet the required milestones for your stage of study.

**IMPORTANT:** Please ensure that your extenuating circumstances are also noted on your Supervisory Panel report.

SECTION 1 – TO BE COMPLETED BY STUDENT

a) If you believe your progress has been adversely affected by serious extenuating circumstances during the current academic year, please provide details for the Supervisory Panel and RSPB to consider. Please include dates of the period covered. Medical evidence must be provided in cases of prolonged absence due to illness.

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| --- | --- | --- | --- |
| **Dates from** | **Dates to** | **Details of Extenuating Circumstances** | **Impact on your progress** |
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**b) List below the documentation that you have attached in support of your statement:**

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**c) Any other information you wish to have taken into consideration:**

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

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| --- | --- | --- | --- |
| Student’s signature |  | Date |  |

This form must be returned to the **Graduate Administrator in your Department/School no later than two weeks before the meeting of the relevant Supervisory Panel** **or by the deadline published by your Department/School if different.** It cannot be guaranteed that forms handed in after the deadline will be considered by the Supervisory Panel and/or RSPB.

SECTION 2 – TO BE COMPLETED BY DEPARTMENT (RSPB)

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| **The student’s extenuating circumstances were considered by the RSPB and:** | Accepted / Rejected |
| **If accepted, the student’s extenuating circumstances were deemed to have had:** | An effect / No effecton their progress |
| **If the student’s extenuating circumstances were accepted and deemed to have had an effect on their progress, please detail what action has been taken to address this:** |
|  |
| Signed: |  | Date of RSPB: |  |
| Name: |  | Signed date: |  |