**Special Note:**

In the case of assessed coursework/major project/dissertation or equivalent, your extenuating circumstances claim should be submitted as soon as possible, and normally no later than ten working days after the deadline for the submission of your work.   
  
If you have extenuating circumstances claims with respect to any of your formal examinations then you need to submit them no later than the Wednesday after the end of the formal examination week.

# Application for Extenuating Circumstances Affecting Late or Non-Submission or Non-Attendance of Assessment

|  |  |
| --- | --- |
| **Full Name**: | **Student Number**: |
| **Programme**: | **Stage/Year**: |
| **School**: | |

**Assessment Affected:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Module Code | Module Leader |  |  |  | Is this group work? |
| Type of assessment affected e.g. exam, coursework, presentation | Assessment deadline | \*Request – please indicate the type of consideration you would like e.g. extension to deadline, non-submission of work, non-attendance of exam or test |
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\*possible outcomes are explained in the guidance notes: <https://www.plymouth.ac.uk/student-life/your-studies/essential-information/exams/exam-rules-and-regulations/extenuating-circumstances>

|  |  |
| --- | --- |
| **Description of Circumstances**:  Please continue on a separate sheet if necessary. | |
| **Date of circumstances**  Start: | End: |
| **Evidence:**  Please list the independent corroborative evidence you have attached or state if you are applying for **self-certification**. If you wish your evidence to remain strictly confidential please enclose in a sealed envelope marked confidential with your name and student reference number. | |

**Declaration:** I confirm that all information completed on this form is honest and accurate to the best of my knowledge. I confirm that I have read and understood the extenuating circumstances [guidance notes](https://www.plymouth.ac.uk/uploads/production/document/path/1/1773/Extenuating_Circumstances_Policy_and_Procedures.pdf) .

Signed: Date:

**OFFICE USE ONLY**

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| --- | --- | --- | --- |
| **NAME** |  | | **NUMBER** |
| **SCHOOL** |  | |
|  | |  | |
| Form received and checked | | Date: | Initials: |
| Does student have Long Term Health Condition status? (If so please attach) | | YES | NO |
| Previous claims (If so please attach) | | YES | NO |
| Is this claim self-certified? If yes check this is the first SC claim of the year (nb only 1 SC claim allowed per year) | | YES | NO |
| Does student have DAS status or SSD | | YES | NO |
| Logged on to database | | Date: | Initials: |
|  | |  |  |
| **INITIAL DECISION** | | Date: | Initials: |
| Decision | | VALID | INVALID |
| Request Further Information | | Date: | Initials: |
| Further information received: | | Date: | Initials: |
|  | | | |
| **CONFIRMED DECISION** | | Date: | Initials: |
| Decision | | VALID | INVALID |
| Reason for INVALID decision: | | | |

**EXTENDED SUBMISSION DEADLINES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Module Code | Original Submission Deadline | Revised Submission Deadline | | Time | Notes | |
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|  |  |  | |  |  | |
| Refer to DAS YES / NO | | | Date: | | | Initials: |
| Send Long Term Health Condition form YES / NO | | | Date: | | | Initials: |
| Fitness to study SSM required YES / NO | | | Date: | | | Initials: |
| Student Notified | | | Date: | | | Initials: |
| Informed Module Leaders | | | Date: | | | Initials: |
| Entered onto UNITe | | | Date: | | | Initials: |
| HES Only: Refer to OH YES/NO | | | Date: | | | Initials: |