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| EXTENUATING CIRCUMSTANCES REQUEST FORM | | | | | | | |
| Please read the Extenuating Circumstances regulations before completing this form.  You will need to complete Parts 1 & 2 and ask an appropriate authority to complete Part 3.  You should submit Parts 1, 2 & 3 and any separate documents as soon as possible and **no later than one week after the circumstance has taken place to your home Department/ Faculty Office** – please check your student handbook/ Moodle for details.  Please keep a copy for your own records. | | | | | | | |
| PART 1: STUDENT DETAILS | | | | | | | |
| For completion by the student | | | | | | | |
| First Name: |  | | | Surname: | |  | |
| UCL ID Number: |  | | | Contact Email: | |  | |
| Programme: |  | | | Year of study: | |  | |
| Home Department: |  | | | Home Faculty: | |  | |
| What form of mitigation are you seeking? | | | | | | | |
| Your request will determine how your claim is processed but in no way determines the outcome. | | | | | | | *Tick one* |
| * Extension of **up to one week** | | | | | | |  |
| * Extension of **more than one week** | | | | | | |  |
| * Deferral of assessment to the next occasion | | | | | | |  |
| * Condoned late submission | | | | | | |  |
| * Alternative assessment method | | | | | | |  |
| * Exclusion from module/ progression/ classification requirements | | | | | | |  |
| Assessments affected by the EC: | | | | | | | |
| Assessment 1: | | | | | | | |
| Module name: | |  | | | | | |
| Module code: | |  | | | | | |
| Title of assessment: | |  | | | | | |
| Assessment type (e.g. essay, exam): | |  | | | | | |
| Assessment deadline/date: | |  | | | | | |
| Assessment weighting (e.g. 40%): | |  | | | | | |
| Mitigation sought for this assessment: | |  | | | | | |
| Lecturer/ module organiser: | |  | | | | | |
| Is this an interdepartmental module? | | Yes/ No | Teaching department: | |  | | |
| Is this an intercollegiate module? | | Yes/ No | College name: | |  | | |
| Assessment 2: | | | | | | | |
| Module name: | |  | | | | | |
| Module code: | |  | | | | | |
| Title of assessment: | |  | | | | | |
| Assessment type (e.g. essay, exam): | |  | | | | | |
| Assessment deadline/date: | |  | | | | | |
| Assessment weighting (e.g. 40%): | |  | | | | | |
| Mitigation sought for this assessment: | |  | | | | | |
| Lecturer/ module organiser: | |  | | | | | |
| Is this an interdepartmental module? | | Yes/ No | Teaching department: | |  | | |
| Is this an intercollegiate module? | | Yes/ No | College name: | |  | | |
| Assessment 3: | | | | | | | |
| Module name: | |  | | | | | |
| Module code: | |  | | | | | |
| Title of assessment: | |  | | | | | |
| Assessment type (e.g. essay, exam): | |  | | | | | |
| Assessment deadline/date: | |  | | | | | |
| Assessment weighting (e.g. 40%): | |  | | | | | |
| Mitigation sought for this assessment: | |  | | | | | |
| Lecturer/ module organiser: | |  | | | | | |
| Is this an interdepartmental module? | | Yes/ No | Teaching department: | |  | | |
| Is this an intercollegiate module? | | Yes/ No | College name: | |  | | |
| If more than 3 assessments are affected, please continue on a separate sheet and attach this to your form. | | | | | | | |

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| PART 2: DETAILS OF THE EC | | | | | |
| For completion by the student | | | | | |
| Dates affected by the EC: | From: *dd/mm/yyyy* | | To: *dd/mm/yyyy* | | |
| Nature of the EC: | | | | | |
| *Please explain what has happened and how it has affected your assessment:* | | | | | |
|  | | | | | |
| Signature of applicant: *An email from your registered UCL email address can also be accepted as a form of signature.* | |  | | Date: |  |

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| PART 3: SUPPORTING EVIDENCE | | | | |
| For completion by a verifiable, independent authority | | | | |
| You will need to ask a verifiable, independent authority (such as a registered medical practitioner, solicitor, undertaker, coroner, registrar of births, marriages and deaths, police officer, fire officer, court or tribunal officer) to either:   * Complete, sign and stamp this section of the form, or * Provide evidence on headed paper   Where no official stamp is available, evidence must be supplied on headed paper. | | | | |
| **Full name:** |  | | | |
| **Role:** |  | | | |
| **Authority/ organisation:** |  | | | |
| *Please describe the nature and severity of the student’s Extenuating Circumstances and describe any consequences of the circumstance that may be relevant:* | | | | |
|  | | | | |
| *Please provide the dates when the circumstance started and when the student was/will be fit to return to study:* | | | | |
|  | | | | |
| Signature of person providing evidence: | |  | Date: |  |
| Official Stamp: *Where no official stamp is available, evidence must be supplied on headed paper*. | |  | | |

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| PART 4: DECISION | | | | | | |
| For Office Use Only | | | | | | |
| ONE WEEK EXTENSION | | | | | | |
| Does the request meet the definition of an EC as outlined in ‘Annex 1: Acceptable Grounds for Extenuating Circumstances’? |  | | | | | |
| Is the claim supported by appropriate evidence? |  | | | | | |
| Extension approved? |  | | | | | |
| New deadline: |  | | | | | |
| Staff name: |  | | | | | |
| Role: |  | | | | | |
| Staff signature:  *An email from your registered UCL email address can also be accepted as a form of signature.* |  | | | Date: |  | |
| DECISION OF THE FACULTY/ DEPARTMENTAL EC PANEL | | | | | | |
| Does the request meet the definition of an EC as outlined in ‘Annex 1: Grounds for Extenuating Circumstances’? |  | | | | | |
| Is the claim supported by appropriate evidence? |  | | | | | |
| EC approved? | Accept | Reject | Pending - further evidence required | | | |
| Approved mitigation: |  | | | | | |
| If applicable, has the student’s teaching Department/ College been consulted on the mitigation? |  | | | | | |
| FECP/ DECP Chair’s name: |  | | | | | |
| FECP/ DECP Chair’s signature:  *An email from your registered UCL email address can also be accepted as a form of signature.* |  | | | Date: | |  |
| *Please ensure that* ***Parts 1 and 4******only*** *are communicated to the student, the teaching department/College and UCL Student Records (where applicable) within one week of the decision.*  *Please send the* ***full EC Form (Parts 1 to 4 inclusive)*** *to the secretary of the home Faculty or Departmental Extenuating Circumstances Panel for secure and confidential record-keeping.* | | | | | | |