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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**
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| * Extension of **more than one week**
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| * Deferral of assessment to the next occasion
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| * Condoned late submission
 |  |
| * Alternative assessment method
 |  |
| * Exclusion from module/ progression/ classification requirements
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| 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:* |
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| 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.* |