

EXTENUATING CIRCUMSTANCES FORM

Please read the accompanying 2P extenuating circumstances policy and additional guidance sheets, they include some important information that you will need when completing this form.

You can use this form when you are a) unfit to submit an assessment or sit an exam or b) when you are requesting an extension.

1. Your Details			
Name:		Student No:	
Course:		Year/Level:	

2. Confidentiality			
<p>All applications are processed by Support Staff only and then disclosed to the panel, if you wish to restrict access of your application to only the panel please tick yes to confidential and place in a sealed envelope with your name and student number on the front.</p>			
Is your application confidential?	Yes	No	

3. What can you apply for? (Please indicate in section 4)	
DEFER	<p>Apply to Defer your assessment until the next possible opportunity.</p> <p>This would normally apply to you if: You have experienced a short term unexpected circumstance and do not believe you are fit to sit at this time.</p> <p>If your EC is successful, you will be required to submit the specified assessment (s) at the next available opportunity without penalty.</p>
EXTENSION	<p>Apply for an Extension to submit assessments up to five working days after the original deadline.</p> <p>This would apply to you if: You have experienced an extenuating circumstance but will be 'fit to study' with an additional 5 working days.</p> <p>Students who are on a referral opportunity are not eligible to submit work late <u>unless</u> they have an approved EC extension.</p>

Please submit your completed form with evidence at the Student HUB or via email to assessments@solent.ac.uk.

4. Which specific unit (s) and assessment (s) were affected by your circumstances?				
Unit Code	Full Unit Title	Exam/Assignment / Presentation	Hand-in Date/ Exam Date	Applying for Defer or Extension?

5. Please give a brief description of the extenuating circumstances you encountered giving exact dates. If you wish to expand on your information please continue on a separate sheet ensuring this sheet is signed and dated.

6. Please tick the category your extenuating circumstances come under?								
A	Acute Illness	<input type="checkbox"/>	E	Code not in use	<input type="checkbox"/>	I	Victim of Crime	<input type="checkbox"/>
B	Code not in use	<input type="checkbox"/>	F	Court Attendance	<input type="checkbox"/>	J	Work Commitment	<input type="checkbox"/>
C	Illness of Dependant	<input type="checkbox"/>	G	Sport Commitment	<input type="checkbox"/>	K	Other Exceptional	<input type="checkbox"/>
D	Bereavement	<input type="checkbox"/>	H	Military Reserves	<input type="checkbox"/>	L	Code not in use	<input type="checkbox"/>

7. Evidence
<p>The information you have given on this form must be supported by appropriate signed and dated, independent documentary evidence which covers the dates of the assessments concerned. (See Annex A of 2P: EC Policy).</p> <p>It is your responsibility to submit this information, which will then be assessed by the panel.</p>
Please tick to confirm you have submitted evidence: <input type="checkbox"/>
Please tick to confirm your evidence is to follow: <input type="checkbox"/>

8. Disclosure				
I understand that these extenuating circumstances will be disclosed to Support Staff and the EC panel unless specified in section 2.				
<table border="1"> <tr> <td>Student Signature</td> <td> </td> <td>Date</td> <td> </td> </tr> </table>	Student Signature		Date	
Student Signature		Date		