|  |  |  |  |
| --- | --- | --- | --- |
| **I want to apply for extenuation for:**  (please tick boxes that apply) | | | |
| **An Exam** |  | **An Exam**  (I have previously had extenuation granted for this) |  |
| **Coursework**  (Submitted after 7 days) |  | **Coursework**  (Submitted within 7 days of the deadline) |  |
| **Coursework**  (Not submitted) |  | **Coursework**  (I didn’t submit it, but I have  previously had extenuation for this) |  |

**Sorry, if you ticked any boxes in the left hand column, it means your module is CAPPED and you cannot apply for extenuation for this module.**

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| **Tavistock and Portman NHS Foundation Trust / University of East London**  **EXTENUATION FORM - GUIDANCE – PLEASE READ**  These notes are designed to help you complete the Extenuation Form. Please read them carefully before you complete the form.  **Extenuating Circumstances Procedures**  You should also read the following documents carefully as they provide the framework for the extenuation process:   * **Procedures Governing Extenuating Circumstances**   <http://www.uel.ac.uk/qa/manual/documents/part6-extenuating.doc>   * **Extenuating Circumstances: Student Guidance – FAQs**.   <http://www.uel.ac.uk/qa/documents/extenuatingcircumstances.doc>  In addition the **Trust** **Academic Governance and Quality Assurance Unit** may be contacted for advice on extenuation as follows:   * by telephone on 0208 938 2699; * by e-mail at AcademicQuality@Tavi-Port.nhs.uk; * in person by making an appointment with DET reception (room 261)   **Please do not approach lecturers, personal tutors or administrative staff for advice on extenuation.** They will only be able to refer you to the AGQAU and the guidance on the website.  **Key things to remember**   * **Claims for extenuation will normally fail unless supported by documentary evidence.** It is your personal responsibility to ensure that one copy of **ALL** documentary evidence relating to your case is attached to the Extenuation form. * You must supply information for all fields marked with an asterisk (\*) or your claim will fail – **if we don’t have enough information, we can’t process your claim**.  1. You must take a **photocopy** of your completed form and supporting evidence prior to submission. Your extenuation form and the documentary evidence will not be returned to you. 2. Hand in the form to the DET student reception, or scanning and emailing to AcademicQuality@Tavi-Port.nhs.uk. Claims that are submitted later than this date usually fail. 3. No correspondence will be entered into relating to your extenuation form or the decision of the extenuation panel.   **Log on to UEL DIRECT to view the decision of the extenuation panel** after the release of the end-of-semester results. This is the only way to find out whether your extenuation claim has been successful or not. |

**For QAE Office Use:**

**ID No.**

 **EXTENUATING CIRCUMSTANCES FORM**

**Page 2 of ………**

*(Please insert total number of pages submitted for consideration including supporting evidence)*

**PLEASE COMPLETE ALL SECTIONS OF THE FORM (\* starred items on this form must be completed correctly or your extenuation claim will automatically be rejected)**

**SECTION 1- YOUR DETAILS (Anonymity will be protected wherever possible)**

|  |  |
| --- | --- |
| **Surname: \*** | **Date of Birth:\*** |
| **Forename(s): \*** | |
| **Student Number: \*** | |
| **Course Title: \*** | |

**For Office Use ID No.**

**SECTION 2 –**

**DETAILS OF THE ASSESSMENT GIVING RISE TO THE CLAIM FOR EXTENUATION (\* starred items on this form must be completed correctly or your extenuation claim will automatically be rejected)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **In which Term was the assessment for which extenuation is claimed? Please tick the relevant box.** | | | | | | | | | |
| Autumn Term |  | Spring Term |  | Summer Term |  | Summer Reassessment |  | Other (please specify) |  |

**COURSEWORK**

**If the assessment for which extenuation is being claimed was COURSEWORK please complete the boxes below.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Module Code** | **Module Name** | **Title of Coursework** | **Coursework Deadline Date and time** | **Did you submit the work by the exact deadline?**  **Yes / No** | **Did you submit the work within 7 days of the deadline?**  **Yes / No** | **If submitted, give date and time of submission** | **Office use only: Delta component code** |
| \* | \* | \* | \* | \* | \* | \* |  |
| \* | \* | \* | \* | \* | \* | \* |  |
| \* | \* | **\*** | **\*** | **\*** | **\*** | **\*** |  |
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**For Office Use ID No.**

**SECTION 3 –**

**DETAILS OF THE EXTENUATING CIRCUMSTANCES**

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| **PLEASE STATE IN A RELEVANT AND CONCISE MANNER WHAT THE EXTENUATING CIRCUMSTANCES WERE (Do not continue on a separate sheet unless absolutely necessary. Securely attach any additional sheets to this form.)**  **Please try and answer the following questions:**   1. **Why are you applying for extenuation? Describe the relevant circumstances concisely.** 2. **How was your performance impaired?** 3. **When did this happen? Please give exact dates or periods of dates that you were impaired.** |
|  |

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| **Prior to submission please take a photocopy of all pages of your extenuation claim including supporting evidence. This form will not be returned to you.** |

**For Office Use ID No.**

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| **DOCUMENTARY EVIDENCE:**  **Please note that claims for extenuation will normally fail unless supported by documentary evidence**  **List below any documentary evidence that you have attached to this form.** |
| **1.**  **2.**  **3.**  **4.**  **5.**  **6.** |

|  |
| --- |
| **List below any documentary evidence that you have NOT attached to this form but will provide within 5 days of the submission of this form. Give reasons why the documentation is not attached to the form.** |
| **1.**  **2.**  **3.**  **Reason for late submission of documentation:** |
|  |

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| **Prior to submission please take a photocopy of all pages of your extenuation claim including supporting evidence. This form will not be returned to you.** |

**SECTION 4 –**

**CHECKLIST**

|  |  |
| --- | --- |
| **Prior to submitting your form please check that you have undertaken the following:** | |
| (Please tick the boxes below to confirm) |  |
|  | I have read the student guidance notes and where required sought advice from the Academic Governance and Quality Assurance Unit. |
|  | I have completed all sections of the extenuating circumstances form including all starred items. |
|  | I have attached documentary evidence in support of my extenuation claim. |
|  | I have signed and dated the declaration below. |
|  | I have taken a photocopy of all pages of the extenuation claim including supporting evidence. |

**DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please read the statements below and sign the declaration at the bottom\*** | | | |
| **I have completed sections 1, 2,3 and 4 clearly explaining the grounds of my claim. I have attached all additional sheets and documentary evidence available. The details on this form are correct to the best of my knowledge. I have read the Extenuating Circumstances-: Student Guidance FAQs at www.uel.ac.uk/qa/extenuation.htm and the Extenuation Form Guidance. I acknowledge that the decision of the extenuation panel is final and that no correspondence will be entered into or information given on this decision**  In accordance with the Data Protection Act 1998 we are required to obtain your consent for the following:   1. to hold some elements of the information that you have provided on an electronic database; 2. to disclose the information that you have provided to authorised members of University staff as required for the reasonable purposes connected with the investigation in the case of an Appeal or Complaint.   By signing here you confirm that you agree with the above statements and indicate your consent for the information provided to be used as detailed above.  From time to time it may be necessary to inform school teaching staff that you have made an extenuation claim (although this will not involve disclosing the details of your claim) in order to ensure that you are offered appropriate academic support. Please tick the box below if you do NOT want us to do this.   |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | |  | I do not want academic staff to be informed about my extenuation claim. | | I do not want academic staff to be informed about my extenuation claim.  I do not want to be referred to the relevant Support Unit if further study support is deemed appropriate by the panel. | | | | |
| **Student Signature** | \* | **Date** | \* |
| **Number of items of evidence attached to this form** | \* **HELPDESK -PLEASE CHECK** | **School Signature and stamp** |  |

**Please return the completed form to your School Helpdesk:**

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**EXTENUATION RECEIPT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student: (Print Name)** |  | | |
| **Student Signature** |  | **Date** |  |
| **Number of items of evidence attached to this form** | **HELPDESK -PLEASE CHECK** | **School Signature and stamp** |  |
| **Prior to submission please take a photocopy of all pages of your extenuation claim including supporting evidence. This form will not be returned to you.** | | | |