Extenuating Circumstance Form

**Undergraduate and Postgraduate Taught students**

This form is for students submitting evidence of medical or personal circumstances that they wish to be considered in relation to:

* Assessments, including examinations and coursework
* None or late submission of coursework
* Absence from class/study of more than 7 calendar days

If you have been absent for less than 7 calendar days and no assessment is involved, you should normally self-certify that absence without evidence.

See [www.shef/ac/uk/ssid/forms/circs](http://www.shef/ac/uk/ssid/forms/circs) for more information

Please read the guidance on extenuating circumstances before completing this form: [www.shef.ac.uk/ssid/forms/circsnotes](http://www.shef.ac.uk/ssid/forms/circsnotes). If you need further guidance, please talk to departmental staff, the Student Advice Centre or SSiD.

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| If you are **reporting extenuating circumstances**, are **registered with the University Health Service** (UHS) and **require supporting medical evidence** from UHS, you should complete the electronic version of the Extenuating Circumstances Form located at:[www.shef.ac.uk/health](http://www.shef.ac.uk/health) or via the UHS mobile app You do not need to complete this form as well. Please read Section 1of the Extenuating Circumstances Form – Explanatory Notes |

1. Student’s Details
2. Student’s Details

Registration Number: Are you studying in the UK on a student visa? Yes No

Family Name: First Name(s):

Programme of Study: Level of study:

Student Signature: Date:

I confirm that the information I have given on this form is correct to the best of my knowledge. I understand that appropriate University academic and support staff will have access to the information I have provided on this form

2. Units Affected by Extenuating Circumstances

2 Module Information

**What units are affected and what action are you requesting as a result of these circumstances, (select only ONE outcome for each individual unit). PLEASE NOTE: your request will be considered in line with your existing academic departmental practice and will only be granted where circumstances are considered to be extenuating.**

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| **Unit Code (inc Achieve More if appropriate)** | **~If appropriate, Assessment Type(s) (e.g. assignment, exam, quiz, lab). Please include all affected assessments for the unit(s) in question** | **Dates affected: from and to** | **Requested Action**  | **What action are you requesting?****Please insert only ONE code below in ‘Requested Action ‘ column:*** Not Assessed (another attempt permittedwithout capping grade) = **NA**
* No penalty for late submission = **NP**
* Deadline Extension = **DEX**
* Authorised Absence = **AU**

~This column should be left blank if the extenuating circumstances relate to absences only and not assessments. *Please insert a \* next to the unit code if any of the units listed are Languages for All (LFA) units. You must also provide the academic department providing your LFA unit(s) with a copy of the form.*  |
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3. Duration of Circumstances

From: To: or On-going (please tick):

4. Details of Circumstances

**You must provide details of any circumstances relating to C, D and E below and attach any supporting evidence,** e.g. letter from counsellor, social worker, hospital (re close relative/significant other), staff member etc., Learning Support Plan (LSP), police crime number etc.

**If you wish any details to remain confidential** you should include them separately in a sealed envelope marked for the attention of your personal tutor or other appropriate departmental staff. Submit the envelope with this form. Please tick the box if a separate envelope is attached with this form.

Please select (√) the relevant box to indicate the type of extenuating circumstances

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| **A**. Serious short term illness/accident/hospitalization\* resulting in absence for more than 7 calendar days/affecting assessment.\*delete as appropriate  |  | Are you registered with the University Health Service?If **YES** - complete the electronic version of the Extenuating Circumstances Form located at: [www.shef.ac.uk/health](http://www.shef.ac.uk/health) or via the UHS mobile app.If **NO** Section 5 must be completed by the relevant health care professional |
| **B.** A deterioration or fluctuation of a disability/long term health condition, resulting in absence of more than 7 calendar days and/or affecting assessment.\*\* |  |  |
| **C.** Bereavement |  |  |
| **D.** Significant adverse personal/family circumstances |  |
| **E**. Other significant exceptional factors (including non-medical circumstances) |  |
| **F.** Frequent absence of less than 7 calendar days where no assessment is involved |  | Students should normally self-certify ([www.shef.c.uk/ssid/forms/circs](http://www.shef.c.uk/ssid/forms/circs)) unless such absences are frequent enough to cause concern. |

\*\*A Learning Support Plan (LSP) from the Disability and Dyslexia Support Service (DDSS): [www.shef.ac.uk/ssid/disability](http://www.shef.ac.uk/ssid/disability) or a medical statement may already make relevant support recommendations. Academic Departments should check the LSP or medical statement but also note that these recommendations are not exhaustive and cannot cover all circumstances.

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| **Please provide details of your extenuating circumstances (continue on a separate sheet if necessary):** |

5. Medical Evidence to be completed by a Medical Practitioner, if appropriate (see 4A above)

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| Diagnosis/Condition and Brief description: |
| Is the impact of this on the patients academic work likely to be:Minimal Moderate Significant  Did you see the patient at the time of the injury/illness: Yes No |
| Name and Signature of Medical Practitioner Completing this form: Practice Stamp:Date: |

6. Departmental Details

**This section should be completed by the academic department requiring the information on the extenuating circumstances**

Name of staff member of departmental staff co-ordinating the report:

Email address: Date form received in Department:

**Departmental Comments:**

*Note to University Staff: Please email a copy of the completed form to your usual Faculty Support Assistant, at their* *tpoXXXX@sheffield.ac.uk* *email address*