

**HE – Notification of Extenuating Circumstances
(Pearson Qualifications)**

This form must be completed if you believe that illness or other circumstances have adversely affected your academic performance. You must contact your Course Tutor immediately informing them of the problem (by email if necessary) and submit this form as soon as possible after the events occur, even if you do not have all of the supporting evidence available at the time. Failure to submit all relevant documentation on time may delay your results and other related activity, such as the date of your graduation.

All claims must be substantiated by third party, independent written documentary evidence, such as a Medical Certificate, a letter from the Student Support and Counselling Service, or if appropriate your employer. The purpose of asking for supporting documentation is for you to be able to corroborate the facts of your submission.

All requests for extenuating circumstances are considered at a panel meeting which is chaired by the HE Lead, upheld requests will be advised to the Assessment/Award Board proceeding the panel, you will be advised of the decision of the panel by your Course Tutor.

Surname (Family Name)	
Forename(s)	Student ID No
Programme of Study	Year of Study, e.g. Two

Please complete subsection A or B or C or D, depending on which option you are requesting. Information about each option is available in the Guidance on Extenuating Circumstances.

A. Late Submission on assessed coursework

*Where you request to be allowed to submit work within five working days after the deadline for submission (a **late submission** request). A working day is deemed to be Monday to Friday, excluding public holidays.*

Module:	Module leader:
Original Submission Date:	Length of Extension Requested (maximum 5 days):

B. Deferral request for assessed coursework or/and examination

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Where you were unable to attend, or submit for, a scheduled assessment of any sort, and request a deferred assessment at a subsequent opportunity (a **deferral** request).

Module:	Module leader:
Original Submission/Examination Date:	

C. Mitigation

Where you believe that your performance has been unexpectedly and negatively influenced by circumstances beyond your control and wish this to be considered when decisions on assessment and/or progression are made (a **mitigation** request).

Module:	Module leader:
Original Submission/Examination Date:	

Please state below details of the illness experienced or of other exceptional circumstances affecting your academic performance. You should also indicate how these circumstances affected your work.

Please return the completed form, together with supporting documentary evidence, to your Course Tutor.

DECLARATION OF EXTENUATING CIRCUMSTANCES

Please give details showing how the circumstances impacted upon your academic performance, including dates.

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Please continue on a separate sheet if necessary. Clearly print your name and Student ID Number on any additional sheets and attach to this form

SUPPORTING DOCUMENTARY EVIDENCE The most common extenuating circumstances are listed below with examples of the kinds of documentary evidence required to support your case. You should tick the relevant box to show which evidence you are attaching to this form

Illness (*medical certificate/letter from an appropriate medical adviser/Student Support and Counselling Service*)

Hospitalisation (*medical evidence*)

Family Illness (*medical certificate/letter from appropriate medical adviser (eg family doctor)*)

Bereavement (*copy of death certificate/supporting letter*)

Financial (*Bank Statement*)

Acute Personal/Emotional Circumstances (*letter from Student Support and Counselling Service or equivalent*)

Other Evidence: please list

Supporting evidence is not yet available.

Please provide date by when it is expected. Tick the relevant box above to show what evidence you will be supplying.

Signature _____

Date _____

For Office Use Only

Received by Course Tutor

Date _____

Copied to HE Lead

Date _____

Considered at Extenuating Circumstances Panel

Date _____

Decision to be ratified at Assessment and Award Board

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