

CONFIDENTIAL

**Form A: Late Submission of Coursework
For Students Studying For The Open University awards at South Essex College**

This form should be used if you are submitting course work late within 6 working days of the published deadline, please refer to the Late Submission of Coursework Policy and Guidelines for Students Studying For The Open University Awards at South Essex College

Return this form by email to

ITEteam@southessex.ac.uk or by post within 10 working days of the published deadline to:

**Vice Principal Quality and Compliance
South Essex College
Luker Road
Southend on Sea
SS1 1ND**

You will receive an email response to your College email account within 28 days which will confirm whether your request for instatement of your mark has been approved.

**FORM A LATE SUBMISSION OF COURSEWORK
(APPLICATION FORM FOR INSTATEMENT OF ASSIGNMENT MARK)**

Student ID Number:		Date Stamp
Year of Study:		
Title of programme:		
Module Code:		
Module Title:		
Assessment type (e.g. presentation, coursework)		
Assessment weighting		
Coursework Deadline:		
Date coursework submitted:		

(1) What is the nature of your claim (Please tick the appropriate box)

- I was unable to submit my work by the deadline and I am submitting my work late (within 6 working days after the published deadline date). *(Note: use form B where you have submitted your work later than 6 working days.)*

Please complete the box below and give details of your reasons for requesting a mark instatement. Please ensure that you provide specific information of how your circumstances have impacted on your ability to submit work by the deadline:

(2) List below the documentation you are submitting in support of your request. Evidence must be provided for all extenuating circumstances claims. If you do not provide appropriate supporting evidence your claim will be rejected

- (3) If you have spoken to a member of academic or learner support staff about your situation please fill in the details below. Although we do not routinely contact staff, we may need to contact them for further information.

Name of Staff member:	
Date contacted:	
Please give brief details:	

I confirm that the information I have given is true, and that I have read and understood the policy and guidelines on late submission of course work.

(False claims: You should note that submitting a false claim could be regarded as an attempt to gain unfair advantage, which would be academic misconduct and could be dealt with under the Academic Misconduct Procedures).

Signed _____

Dated _____

By submitting an extenuating circumstances/late submission form you are agreeing to the College holding this personal data for the purposes of processing your claim. The College will hold this data in accordance with its notification under the Data Protection Act 1998. The College reserves the right to check on the validity of the document(s) you submit by contacting any third party directly.

For office use only:

Outcome of request for instatement:	APPROVED/NOT APPROVED
Comments:	
Signature of Chair of Extenuating Circumstances Panel:	
Date:	
Copied to:	

Failure at this stage does not affect a student's right to submit an Extenuating Circumstances Form B for consideration by the Board of Examiners.

Medical Evidence Proforma

Before completing this form you **MUST** read section H of the extenuating performance policy and guidelines as third party documentary evidence is **not** always required. Only use this form if your circumstances fall under the categories where medical evidence is required, as listed in the guidelines. Your Medical Practice is likely to reserve the right to refuse to provide evidence if your claim falls outside the guidelines or it may impose a charge.

When you have completed Section 1, it is your responsibility to take this form to your Medical Practice for completion of Section 2. **The College will not get this signed on your behalf.** This form should be attached to your extenuating circumstances form. If the Practice prefers to use their own procedures, you should attach whatever documentation they give you.

Section 1 to be completed by the student

Student Name: Date of Birth:

I state that my work has been severely affected by the following medical condition:

Medical Condition:

.....

Date(s) Affected:

.....

I am asking my Medical Practice to validate this claim and return the document to me. I am signing below to give my consent for this information to be supplied under the terms of the Data Protection Act 1998.

Student signature: Date:

Now take this form to your Health Centre/Medical Practice – we will not get it signed on your behalf.

Section 2 to be completed by the Medical Practice

Following the student’s request, we can confirm that the student:

- a) Has/had a significant condition that should be taken into account
- b) Has/had a condition that may be taken into account
- c) There is no clinical evidence to support their statement
- d) Is unfit to sit an examination on (date(s).....)
- e) Other comments

Name:Signature:

Date: Stamp: