

CONFIDENTIAL

**Form B: Extenuating Circumstances
For Students Studying For The Open University awards
at South Essex College**

Please return this form and supporting documentation (refer to the Extenuating Circumstances Policy) by email to ITETeam@southessex.ac.uk

Or by post to

Vice Principal Quality and Compliance

South Essex College

Luker Road

Southend on Sea

SS1 1ND

Deadlines:

July exam board claims – 5th June 2020

Resit Period claims – 18th August 2020

Forms will not be accepted after the deadline. Receipt of this form will be acknowledged by email to your College email account

- c) If you believe your performance in any assessed work during the year have been significantly impaired or you were unable to submit work or were absent from an examination* please list the affected work and describe how it was affected or the reason for your absence.

List below the documentation which you have attached in support of your statement (Please note that the College will NOT seek evidence on your behalf – it is your responsibility to do this). The College reserves the right to check on the validity of the document(s) you submit by contacting the third party directly. ***If you do not provide appropriate supporting evidence your claim will be rejected.**

Coursework & Exams affected Give module code, title and name of coursework i.e., portfolio, journal etc or alternatively state exam. Include submission deadline for coursework and/or date of exam.		Period affected State clearly exact dates affected both from and to. Do not state month only.		Details of extenuating circumstances Detail the circumstances clearly and concisely against each affected date you have entered. Clearly explain how the extenuating circumstance(s) impacted on your ability to submit work by the deadline date.	Evidence provided* Submit this form with as much evidence as possible which supports the dates of assessment submissions affected. Use this column to identify the evidence you are providing. Evidence must be provided for all extenuating circumstances claims. In cases of absence from examinations you must provide medical evidence (Note that the College will not contact third parties on your behalf to obtain proof – It is your responsibility to submit evidence).
Module code (Assessment that was affected)	Name of coursework and/or exam, with dates	From	To		

Extenuating Circumstances Declaration

You should note that submitting a false claim or fraudulent documentation is a serious matter and is academic misconduct, which will be dealt with under the Academic Misconduct Procedures. The College reserves the right to check on the validity of the document(s) you submit by contacting the third party directly.

I confirm that the information I have given is true and that I have read and understood the guidelines on extenuating circumstances.

Signed _____

Date _____

Medical Evidence Proforma

Before completing this form you **MUST** read paragraph E of the extenuating performance policy and guidelines. 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.

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: