

EXTENUATING CIRCUMSTANCES FORM

This form should be completed by the student submitting extenuating circumstances and attached to all supporting documents. The completed form together with the corroborative evidence must be returned to the CeDAS Departmental Office (IN008) **by 12pm on Tuesday 3 June 2014.**

STUDENT ID: 100	CANDIDATE NUMBER:
FAMILY NAME: (BLOCK CAPITALS)	FORENAMES: (BLOCK CAPITALS)
PROGRAMME OF STUDY:	
Duration of extenuating circumstance/s: from: to:	
Type of extenuating circumstance/s: (Tick box as appropriate) Medical <input type="checkbox"/> Personal <input type="checkbox"/> Death <input type="checkbox"/> Accident <input type="checkbox"/> Other <input type="checkbox"/>	
Problem caused by extenuating circumstance/s (Give a brief description, including any medical practitioner details, missed lectures etc, continue on reverse if necessary):	
Failure to submit assessed coursework: Course code/s: _____ Date/s due: _____	
Examination/s missed: Course code/s: _____ Date/s of exam/s: _____	
Signature of student:	Date of submission:

For Departmental Office use ONLY:

Extenuating circumstances letter submitted <input type="checkbox"/>	Letter received <input type="checkbox"/>	Date:
Medical certificate submitted (if applicable) <input type="checkbox"/>	Medical certificate received <input type="checkbox"/>	Date:
Other documents received (give details):		Date: