

APPLICATION FOR CONSIDERATION OF EXTENUATING CIRCUMSTANCES

FULL NAME				
STUDENT ID				
PROGRAMME OF STUDY				
YEAR OF STUDY		SEMESTER Please tick	1	2

MODULES AFFECTED BY EXTENUATING CIRCUMSTANCES

Please list each assessment separately and indicate if the work has been missed or affected

Module Code	Type/Name of Assessment (e.g. Essay 1, Project, Dissertation)	Coursework		Exam		Date of Exam Coursework Deadline
		Missed	Affected	Missed	Affected	(dd/mm)

Details of extenuating circumstances

Please provide a **detailed** description of the extenuating circumstances that may have affected your performance in the above modules, including the time-period over which these circumstances occurred. **It is important to provide as much information as possible for the Extenuating Circumstances Committee to consider your application. Simply stating 'I was ill' is not enough.**

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Details of extenuating circumstances/cont'd

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Supporting documentation

Please list all the supporting documentation of your claim and all documentation should be stapled to this form. Medical claims should be supported by a GP's medical note or Consultant's report, other claims should be supported by appropriate documentation (for example, police reports, insurance reports). **It is important to be specific with your evidence. For example, a general claim of illness in Semester 1 will not be accepted as evidence for under performance in Semester 2. Examples of the type of evidence that the Committee may expect to see are provided in the CoPA Appendix M Annexe 1: Policy on Extenuating Circumstances: Guidelines for Staff and Students at <https://www.liverpool.ac.uk/aqsd/academic-codes-of-practice/code-of-practice-on-assessment/>**

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Student declaration

I confirm that all the information contained in this statement is accurate and complete to the best of my knowledge. I consent to the information being used by the Extenuating Circumstances Committee, and understand that the information will be treated in the strictest confidence.

Signature of student: Date:

FOR USE BY THE CHAIR OF THE EXTENUATING CIRCUMSTANCES COMMITTEE ONLY

I recommend that the following action be taken in respect of this claim:

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Signature of Chair: Date: