During your studies you may encounter significant personal difficulties that impact your ability to study for or complete assessments and exams. These personal difficulties are referred to as ‘Extenuating Circumstances’. Depending on the nature of the circumstances, you may wish to apply for an extension. Remember: Claims for Extenuating Circumstances should only be made in exceptional situations. You will need to evidence your claim and explain how the circumstances have impacted your ability to study. You must complete all parts of the form for it to be processed. Please hand the form in to the Student Enquiries Desk or send it to Universitystudies@wsc.ac.uk at least 48 hours before your deadline**.**

|  |  |
| --- | --- |
| Name of Student | Student Number  |
| Name of Course  | **Course Code**  |
| Assignment title and unit  | **Deadline date** |
| Please confirm on what grounds you are applying for an extension? |
| [ ]  | Significant short term illness, accident or injury  |
| [ ]  | Death or serious illness of a close family member or dependent  |
| [ ]  | Significant adverse personal circumstance directly affecting yourself  |
| [ ]  | Deterioration of serious long term health condition  |
|[ ]  Other significant exceptional factors for which there is evidence of stress caused |

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| Please provide details of the circumstances and how they have impacted upon your ability to study, and for how long. Please enclose evidence to support your application. Acceptable forms of evidence are listed in the Extenuating Circumstances Policy. |
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| Declaration |
| I confirm that the information supplied on this form and in supporting documents is true and correct. I am also agreeing to the information I have supplied being shared with the Mitigating Circumstances panel and administrator. I am confirming that by submitting this application I am aware that it is not guaranteed that the mitigation will be approved. |
| Signed |  |
| Date |  |

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| --- |
| For office use only |
| Support from lecturer/PST |
| [ ]  | I support this application |
| [ ]  | I do not support this application |
| Signature |  |
| Date |  |

|  |
| --- |
| Extenuating Circumstances Panel/Administrator |
| [ ]  | Not approved (see notes on back of form) |
| [ ]  | Approved |
| Signature |  |
| Date |  |