

SECTION A contd

3 DETAILS OF EXTENUATING CIRCUMSTANCES – Self-certification OR Evidence based

- i) **Nature of Difficulty:** Illness Other Personal Circumstance

(Please tick as appropriate)

- ii) **Date(s) on which you were affected**

- iii) **Absence from Study**
(Please indicate as appropriate)

- a) **Self-certification Option**

Are you self-certifying for a period of up to five working days due to short-term illness/absence only?

- b) **Evidence based absence**

Were you absent from the University for more than five working days as a result of your extenuating circumstances (illness or other personal circumstances)?

- c) *If 'YES' have you completed your Notification of Absence on the Student Portal?

- iv) **Supporting Evidence for absences of over five working days**

(Please indicate as appropriate)

- a) Do you have medical certificate(s) or other supporting evidence?

- b) *If 'YES' is the evidence attached?

If you are Self-certifying your absence under iii) a), or do not have the evidence required under iv)

- a) you should explain below the nature of your illness or circumstances.

(You may continue on a separate sheet if necessary)

4 EFFECT OF EXTENUATING CIRCUMSTANCES

- i) Please explain the effect of the extenuating circumstances on performance in the assessments listed at part 2. (You may continue on a separate sheet if necessary).

- ii) Please state what your preferred outcome would be (e.g. specify the length of extension requested for coursework).

I confirm that to the best of my knowledge the information given on this form is a true and accurate statement of my personal circumstances.

I agree to my information being referred to Student Wellbeing team to provide additional support if appropriate.

Student Signature

Date

On completion of this section the form should be submitted to the Course/Subject Director. Students of Computing, Engineering, Architecture and the Built Environment and Geography and Environmental Sciences ONLY submit form to the School Office.

SECTION B: TO BE COMPLETED BY PANEL/COURSE/SUBJECT DIRECTOR

Please complete the details below in relation to the evidence presented.

Module Code/ CRN Number	Consideration of Evidence <i>(Tick as appropriate)</i>		Recommendation of Panel/Course/Subject Director
	Upheld	Rejected	
			<div style="text-align: right; padding-right: 50px;"> Signed _____ Date _____ </div>

- **Retrospective EC1 Self-certification will not be accepted**
- **No more than 3 Self-certifications across a course will be accepted in an academic year**

For EC1 Self-certification Monitoring Purposes

Is this the first Self-certification?

If YES – Provide details

If NO

How many previous Self-certifications have been submitted

Is there a recurring illness that requires evidence from a GP/medical practitioner?

Is there an attendance issue?

Is a referral to Student Wellbeing required?

Comments:

Is this current Self-certification accepted?