EXTENUATING CIRCUMSTANCES FORM EC1
FOR SELF-CERTIFICATION OR EVIDENCE BASED ABSENCES

SECTION A: TO BE COMPLETED BY STUDENT

1 PERSONAL AND COURSE INFORMATION

Name (in full) .............................................................................................................. ID No. ..........................................................

Course Code ............... Course Title ...........................................................................

Year of Study .......... Course/Subject Director ........................................................

Campus ................. E-mail (University email address) ....................................................

2 MODULE INFORMATION

Please provide the information below for each module affected by extenuating circumstances. You should read the following notes carefully before completing this section:

Type and Date of Assessment
i) The following codes only should be used to indicate Type of Assessment: CT – class test, ES – essay, EX – examination, PR – project, PT – presentation, O – other; ii) A separate entry should be provided for each type of assessment listed; iii) The date entered should be the date of the examination or class test, or submission deadline for coursework.

Type of Circumstance
The following codes only should be used to indicate Type of Circumstance: N – Non-attendance at examination or non-submission of coursework; P – Performance affected by extenuating circumstances.

<table>
<thead>
<tr>
<th>Module Code/CRN Number</th>
<th>Module Title</th>
<th>Type and Date of Assessment (using above codes)</th>
<th>Type of Circumstance (using above codes)</th>
<th>Module Co-ordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Type</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
**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?
   
   YES/NO

   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)?
   
   YES/NO

   c) *If ‘YES’ is a completed Notification of Absence Form attached?
   YES/NO

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?
   YES/NO

   b) *If ‘YES’ is the evidence attached?
   YES/NO

   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…………………………………… over

On completion of this section the form should be submitted to the Course/Subject Director. Students of Computing, Engineering and Architecture and the Built Environment ONLY submit form to School Office.
Please complete the details below in relation to the evidence presented.

<table>
<thead>
<tr>
<th>Module Code/CRN Number</th>
<th>Consideration of Evidence (Tick as appropriate)</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Upheld</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rejected</td>
<td></td>
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</tbody>
</table>

**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?  
YES/NO

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?  
YES/NO

Is there an attendance issue?  
YES/NO

Is a referral to Student Wellbeing required?  
YES/NO

Comments:

Is this current Self-certification accepted?  
YES/NO