

SPECIAL CIRCUMSTANCES FORM

In order to provide equal treatment of all students the university requires confirmation of all special circumstances. All such material is treated in confidence and on a strictly need to know basis.

NAME:

STUDENT REFERENCE NUMBER:

STUDY SCHEME:

CONTACT DETAILS: E-mail:

Mobile phone:

Other:

1. PLEASE EXPLAIN BRIEFLY THE SPECIAL CIRCUMSTANCES YOU WISH TO BRING TO THE ATTENTION OF THE EXAMINATION BOARD.

(NB: You should attach to this form copies of documentary evidence in confirmation of the special circumstances e.g. medical certificates, letters from your doctor or counsellor or other supporting evidence.)

EVIDENCE ATTACHED?

YES

NO

2. PLEASE LIST BELOW THE ASSESSMENT ELEMENTS, EXAMINATIONS AND MODULES TO WHICH THE SPECIAL CIRCUMSTANCES ARE RELEVANT.

3. DATES DURING WHICH THE SPECIAL CIRCUMSTANCES MAY HAVE AFFECTED YOUR ACADEMIC PERFORMANCE:

4. PLEASE GIVE ANY OTHER INFORMATION NOT ALREADY COVERED ABOVE:

5. SIGNED:

DATE:

PLEASE NOTE:

IT IS ***YOUR*** RESPONSIBILITY TO COPY THIS FORM AND RELEVANT EVIDENCE TO ***ALL*** THE DEPARTMENTS IN WHICH YOU ARE TAKING MODULES AS SOON AS POSSIBLE AFTER THE SPECIAL CIRCUMSTANCES ARISE AND BEFORE THE END OF SEMESTER.