|  |
| --- |
| **EXTENUATING CIRCUMSTANCES CLAIM FORM (EC)**  For use in requesting consideration of extenuating circumstances in Assessment in line with the University of Cumbria **Fit to Sit policy**.  **If you submit or attend for the assessment, then you are declaring you are fit to sit and any EC claim will be disregarded.** |
| Please ensure that you read the [EC guidance notes](https://my.cumbria.ac.uk/Student-Life/Your-Studies/Assessments/Extenuating-Circumstances/) prior to completion and submission.   * All sections must be completed as fully as possible to ensure appropriate consideration by the EC panel. * Claims must normally be submitted during the time you are studying and/or due to submit assessment for the module for which ECs are being claimed. * Claims received without evidence, or which are outside of the above timeframe are likely to be deemed not valid. * Claims received for exams/assessment that you have attended or submitted for will be disregarded.   **Data Protection** The Personal data you provide will be used to progress your claim to comply with University’s [Academic Procedures and Processes within the Academic Regulations](http://www.cumbria.ac.uk/AcademicProcedures). Details on how your personal information will be used can be found in the [Current Students Privacy Notice](https://www.cumbria.ac.uk/about/organisation/professional-services/vice-chancellors-office/data-protection/current-students-privacy-notice/). |
| **Any further correspondence relating this process will only be sent to your student email address and any replies you make should be from your student mailbox**.  **Communication regarding this process will be through your University of Cumbria student account only. If you need help in accessing this then please contact IT on 01228 888888 or** [**itservicedesk@Cumbria.ac.uk**](mailto:itservicedesk@Cumbria.ac.uk) |
| **Section A: Student Details (Please Complete in Block Capitals)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | Forename(s) |  | |
| Student ID No |  | | | |
| Programme |  | Year/Level of study |  | |
| **Do you have a disability or specific learning difficulty that may impact on your ability to engage with the EC process** and thatyou would like us to be aware of when considering your extenuating circumstances? **If yes:** please tell us in the box below what reasonable adjustments may be required. | | | | (Delete as applicable)  Yes / No |
|  | | | | |
| **Extensions** | | | | |
| Approved extensions of time can be considered for a maximum of 10 working days. Extensions should be considered for the shortest period possible and should take into account the time the lost due to the relevant circumstances. More information can be found[**HERE,**](https://my.cumbria.ac.uk/Student-Life/Your-Studies/Assessments/assignments/) Students seeking extensions will be asked to provide suitable evidence in support of their application. In cases of ill-health, self-certification is permitted for up to 7 days. **Self-certification will only be accepted on two occasions within each academic year**. If at the end of the extension period, the circumstances are still impacting on your ability to submit or engage then the EC claim can be submitted at this time. You will be asked to confirm any extensions you have requested in the form below. | | | | |

|  |
| --- |
| **Section B – Details of Modules Affected** |
| * On the following page you will be asked to list all modules affected by the EC claim ensuring that you complete the relevant section below for **each specific assessment item**. * To claim against a module comprising coursework and exam, ensure you complete the Coursework **and** the Exam sections below. Alternative assessment methods may have been arranged by the Programme team, if so, please note the alternative. * **Ensure you complete the submission dates for each element listed including any extensions you may have been granted** |
| **Coursework** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Module Code | Module Title | Submission date (See notes above) | Was an extension granted? | If extension **was** granted, please state below, to what date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Examination, Presentation or time limited task** | | |
| You should also use this section to tell us about any exams, presentation or time-limited tasks you did not attend or complete. | | |
| Module Code | Module Title | Date of task/activity/  exam |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLACEMENT only were you have not attended at all or where circumstances impacted during the placement which resulted in you being not fit to continue.** | | | | | | |
| You must be aware if you have submitted any placement deferral form to the placement unit you will also need to submit an EC to ensure that any academic study is considered with this. | | | | | | |
| Module Code | Module Title | Start date of placement | | End date of placement (see notes above) | Did you attend any part of the placement? | Please state below the date of your withdrawal from placement. |
|  |  |  | |  |  |  |
| **NURSING STUDENTS – PLEASE ALSO COMPLETE BOXES IN RELATION TO PLACEMENT** | | | | | | |
| Please state submission date of Practice Assessment Record/Competency Document | | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OTHER E.g.: Performance/Viva/Presentation/OSCE Etc. (Please specify)** | | | | |
| Module Code | Module Title | Submission date (See notes above) | Was an extension granted? | If extension was granted, please state below, to what date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Section C: Details of The Nature of The Circumstances** | | | | |
| Extenuating Circumstances are serious and exceptional circumstances or events, which are unexpected and unavoidable and outside of the student’s control. Examples of these may be serious illness or accident, death or serious illness of a close relative or friend or serious disruption to personal life – such as divorce, burglary, major fire or major court proceedings.  Some examples of problems that are **NOT** normally valid as reason for ECs are:   * Minor medical conditions such as: colds, headaches, minor accidents or injuries, sleeping problems and minor anxiety and stress. * Social obligations and similar avoidable commitments such as holidays, weddings, parties and sporting fixtures. * Avoidable study related factors such as computer crashes, corrupted or lost disks, printer malfunction, deadline congestion or lost notes.   Students with long term ill health, pregnancy, disability/SPLD or any other condition that may adversely affect their studies should divulge such circumstances, to the University, before the commencement of the academic year or as soon as known so that appropriate arrangements can be made. These types of circumstances **should not be** considered as extenuating circumstances. However, where there are substantial changes to the impact of these conditions such as complications in pregnancy, unpredictable acute periods of chronic conditions this may be considered as part of the EC process if they have adversely affected a student’s performance. | | | | |
| **In compliance with Professional and Statutory Body Regulations and/or public protection, the Panel may refer a student to the Head of Department (or nominee) if there is a concern regarding Fitness to Practice/Study.** | | | | |
| **Indicate below the nature of the circumstances:** | | | | |

|  |
| --- |
| ❒ a serious personal illness  ❒ the death, or serious illness, of a close family member, friend or person  ❒other sudden or unforeseen circumstances **beyond reasonable control** |
| **Details:** You must demonstrate how you believe the circumstances have affected your ability to study/submit or attend the assessment. **Please note your claim cannot be processed if this section has not been completed.** |
|  |

|  |
| --- |
| **Section D: Documentary Evidence** |
| Details of ECs should be brief but include all relevant facts and **must** be supported by evidence from an independent source, e.g. a medical practitioner. All supporting documentation must be dated and relate specifically to the duration of the module study period and/or assessment deadlines claimed on the form.  Evidence to support ECs of a non-medical nature could include a statement from a person who can verify your circumstances from a position of authority and whose evidence is impartial and objective. |
| **List the documentary evidence you are submitting with this report, E.G. Medical Certificate Etc:**    **The University will not contact individuals to obtain evidence on your behalf** |

|  |  |  |
| --- | --- | --- |
| **Type of documentation included :** | |  |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

|  |
| --- |
| **SECTION E: Declaration** |
| I declare that the information on this claim is correct and complete to the best of my knowledge and I authorise the University to, if required, make enquiries to verify the accuracy of the information I have supplied. I understand the information will be disclosed to the Extenuating Circumstances Panel. I will inform the University immediately if there are any changes to these circumstances which have any significance to this application. I understand in compliance with academic regulations, Professional and Statutory Body Regulations and/or public protection, the EC Panel may refer a student to the Head of Academic/Service Department (or nominee) if there is a concern regarding Fitness to Practice/Study/Teach.  Signature: Date: |

**You can Email your form and evidence to:** [**Assessment@cumbria.ac.uk**](mailto:Assessment@cumbria.ac.uk)