**Before completing this form, it is important that you read through the University’s ‘Guidance to students on applying for Extenuating Circumstances’,**

**available on the University website.**

Please ensure that you complete all relevant fields and submit any evidence in support of your application. Failure to do so may prevent your application from being considered or result in delay or rejection of your application. You will receive notification of the outcome of your application, and this may be via your student email account or e-Vision. If you wish to interrupt your studies, you will need to complete a separate form available from you School/Collaborative Partner Administrative Office.

|  |  |
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| **1. Personal Details** *(student to complete)***:** | |
| Name: |  |
| Student Number: |  |
| Course: |  |
| School: |  |
| Year of Study: |  |
| Mode of Study *(for example full-time or part-time)*: |  |
| Term or Semester: |  |
| Do you have a current Student Support Plan in place? |  |

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| **2. Type of Extenuating Circumstances** *(student to complete)***:** | | *Please choose* |
| Extension: | **Short Extension**: *(up to and including 7 calendar days) - (SE)* |  |
| **Long Extension**: *(up to the end of the academic year and not normally be allowed for a reassessment)* – *(LE)* |  |
| **Deferred Assessment**: (*available for part time students, not normally allowed for a reassessment, and up to a period of one calendar year from the original submission date) – (DA)* | |  |
| **Mitigating Circumstances:** This form is no longer used for applying for Mitigating Circumstances. You must now use our online form for Mits, which you can find on our [website](https://www.tees.ac.uk/sections/stud/extenuating_circumstances.cfm). | | |

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| **3. It is expected that you speak to a member of academic staff about your extenuating circumstances. Should you wish to apply for an Extension or Deferral of assessment the form must be signed by a member of staff in your School/Collaborative Partner.** | |
| From: *(name and job title)* |  |
| Date: |  |

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| **4. Module Details** *(student to complete)***:** | | | | | | |
|  | Module Title | Module Code | Type of Assessment  *(for example, Assignment, Exam, Report, Presentation)* | Type of Extenuating Circumstances Requested *(for example a SE, LE, DA)* | Original Assessment Deadline  /Exam Date | Agreed Extension Date *(if applicable)* |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **5. Reason and affected dates for your Extenuating Circumstances** *(student to complete): Please provide**details of the circumstances affecting your performance in the above assessment(s). (Please continue on a separate page if required).* |
|  |

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| --- | --- |
| **6. Evidence to support your application** *(student to complete):* ***You should be able to substantiate your application with documentary evidence.*** *If you are submitting personal data in relation to a third party, please ensure that you have obtained written consent from that individual to share their personal data and have either provided this with this your application or anonymised the personal data. Please note that any evidence supplied will* ***not*** *be returned. If you have provided photocopies, you may be required to provide a designated member of staff with sight of the original(s).* | |
| **Number** | **Evidence** |
| 1 |  |
| 2 |  |
| 3 |  |
| *If evidence is not attached, please indicate below when the evidence will be available:* | |
|  | |
|  | |

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| **7. If you are submitting your application late, please state why and attach appropriate evidence** *(student to complete)***:** | |
|  | |
| **Number** | **Evidence** | |
|  |  | |
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| **8. Privacy Notice and Declaration** *(student to complete)***:** | |
| Any personal data provided by you in this Application Form, or as an attachment, will be processed by the University/Collaborative Partner for the purposes of logging, co-ordinating, progressing and facilitating resolution of the matter(s). The University/Collaborative Partner will only process your personal data (which may include sharing personal data with relevant staff and or Panels or requesting information from them) to the extent necessary to enable the effective administration of your application.  If you have submitted information regarding your health and wellbeing, including details of any disability or learning difficulty, as part of your application, this is classed as ‘Special Category Data’, and we are required to obtain your express consent to process this information. You can withdraw your consent to the processing of your Special Category Data at any time. For further information regarding how your personal data will be used please refer to the University’s Privacy Policy for Students which can be found on the Legal Statements page of the University’s website:  <http://www.tees.ac.uk/sections/about/public_information/copyright.cfm?display=privacy>  I declare that:   * The information provided on this Application Form and any accompanying documentation is true to the best of my knowledge. * I have read and understood the University’s Privacy Notice for Students and I agree to the processing of my personal data as set out above and as provided for in the Privacy Notice, including Special Category Data. * Where I have submitted personal data regarding a third party, I have obtained written consent from that individual to share their personal data and have provided this with my application or I have anonymised the personal data. * I have read and understood the Extenuating Circumstances Regulations (Taught Provision) and the ‘Guidance to students on applying for Extenuating Circumstances’. * I am aware that a fraudulent application may lead to the University’s Academic Misconduct Regulations (Taught Provision) being invoked. * I understand that any evidence supplied with this form will not be returned. | |
| Student Signature *(if form is submitted electronically via University/Collaborative Partner student email address please only state student name in this box)*: |  |
| Date: |  |

**This Form should be submitted to your School or**

**Collaborative Partner Administrative Office**