



**Pearson HE Extenuating Circumstances  
Form**

**CONFIDENTIAL**

**Extenuating Circumstances  
For students studying for PEARSON HE QUALIFICATIONS  
at New City College**

Please complete scan and return this form along with supporting documentation (refer to the Extenuating Circumstances Policy) by email to [Higher.Education@ncclondon.ac.uk](mailto:Higher.Education@ncclondon.ac.uk)

**Deadlines:**

Assessment Board claims – 12 June 2020

**Forms will not be accepted after the deadline. Receipt of this form will be acknowledged by email to your College email account**

**CONFIDENTIAL  
EXTENUATING CIRCUMSTANCES**

|                           |  |
|---------------------------|--|
| <b>Student ID number</b>  |  |
| <b>Title of Programme</b> |  |
| <b>Year of Study</b>      |  |

There may be on occasion exceptional circumstances that might affect your ability to meet an assessment deadline or affect the level of your performance at assessment.

This form should be completed if you want to make the Extenuating Circumstances Panel and the Assessment Board aware of any extenuating circumstances which you believe may have adversely affected your performance in assessments. Please read the extenuating circumstances policy and guidelines before completing this form.

It is important to realise that only the most serious extenuating circumstances are likely to have a significant effect on your overall results. Please take time to assess your situation carefully and only submit details of extenuating circumstances if you are sure that they have *significantly* affected the quality of your work. Remember that the Assessment Board will be looking at the affected work in the context of the rest of your work throughout the year(s) and is unlikely to take extenuating circumstances into account unless it is apparent that the work in question is of a significantly lower standard. The Assessment Board will not change grades awarded, but will assess whether your performance had been adversely affected and will take this into account when making decisions about progression or deferral.

- a) Please give the Assessment Board an overall assessment of the impact of your extenuating circumstances on meeting an assessment deadline or performance in assessment?**

b) If you believe your performance in any assessed work during the year has been significantly impaired or you were unable to submit work or were absent from a practical or test\*, please list the affected work and describe how it was affected or the reason for your absence.

List below the documentation which you have attached in support of your statement (please note that the College will NOT seek evidence on your behalf – it is your responsibility to do this). The College reserves the right to check on the validity of the document(s) you submit by contacting the third party directly. **\*If you do not provide appropriate supporting evidence your claim will be rejected.**

| <b>Coursework &amp; Exams affected</b>   |   | <b>Period affected</b>  |           | <b>Details of extenuating circumstances</b>  | <b>Evidence provided*</b>   |
|--|---|---|-----------|--|---|
| <b>Unit(s)</b>   | <b>Name of coursework and/or exam, with dates</b> | <b>From</b>   | <b>To</b> |  |   |
| Give unit code, title and name of coursework i.e. portfolio, journal etc. or alternatively state exam. Include submission deadline for coursework and/or date of assessment. |   | State clearly exact dates affected both from and to. Do not state month only. |           | Detail the circumstances clearly and concisely against <u>each</u> affected date you have entered. | Submit this form with as much evidence as possible which supports the dates of assessment submissions affected. Use this column to identify the evidence you are providing. <b>Evidence must be provided for all extenuating circumstances claims.</b> (Note that the College will not contact third parties on your behalf to obtain proof – it is your responsibility to submit evidence) |
|  |   |   |           |  |   |

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## **Extenuating Circumstances Declaration**

You should note that submitting a false claim or fraudulent documentation is a serious matter and is an academic offence, which will be dealt with under the Academic Misconduct Procedures. The College reserves the right to check on the validity of the document(s) you submit by contacting the third party directly.

**I confirm that the information I have given is true and that I have read and understood the guidelines on extenuating circumstances.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Evidence Proforma

Before completing this form, you **MUST** read paragraph E of the extenuating performance policy and guidelines. Only use this form if your circumstances fall under the categories where medical evidence is required, as listed in the guidelines. Your Medical Practice is likely to reserve the right to refuse to provide evidence if your claim falls outside the guidelines.

When you have completed Section 1, it is your responsibility to take this form to your Medical Practice for completion of Section 2. **The College will not get this signed on your behalf.** This form should be attached to your extenuating circumstances form. If the Practice prefers to use their own procedures, you should attach whatever documentation they give you.

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### Section 1: To be completed by the student

Student Name: ..... Date of Birth: .....

I state that my work has been severely affected by the following medical condition:

Medical Condition: .....

Date(s) Affected: .....

I am asking my Medical Practice to validate this claim and return the document to me. I am signing below to give my consent for this information to be supplied under the terms of the Access to Medical Records Act 1990.

Student signature: ..... Date: .....

**Now take this form to your Health Centre/Medical Practice – we will not get it signed on your behalf.**

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### Section 2: To be completed by the Medical Practice

Following the student's request, we can confirm that the student:

- a) Has/had a significant condition that should be taken into account
- b) Has/had a condition that may be taken into account
- c) There is no clinical evidence to support their statement
- d) Is unfit to sit an assessment/examination on (date(s)).....
- e) Other comments

Name: ..... Signature: .....

Date: ..... Stamp: .....