

**Disability Extension Request Form**

If you have a recommendation within your Student Support Plan for extensions to assessments, and you require an extension, the completed form should either be submitted to Student Services in the Seebohm Rowntree Building, or submitted by email to dohs-disability@york.ac.uk. The claim form should be submitted **no later** than two days before the submission date of the assessment you are claiming for. If you submit this form by email you **must** use your University of York email address.

**Part A**

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| --- | --- | --- | --- |
| Name:  |  | Student Number:  |  |
| Programme title: |  | Department:  | **Health Sciences** |
| Personal Supervisor:  |  |
| Please indicate how many days you are requesting an extension for. |  |

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| **Brief details of the circumstances surrounding your extension request** *(you may continue on a separate sheet if necessary)*.  |
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| --- | --- | --- | --- | --- |
| Module code | Module title | Mode of assessment ie exam, essay  | Date of schedule assessment submission | Is this a reassessment? |
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| **Student declaration:**I declare that the information that I give on this form is genuine. I understand that providing false information is considered a disciplinary offence by the University.  |
| **Please place an X in this box if you are willing for your case to be discussed with your Supervisor:** |  |
| I am aware that in order to consider and administer/process my case the information which I have provided will be made available to the appropriate administrative and academic staff. I accept that my claim whilst confidential cannot be anonymous.  |
| Student’s signature |  | Date |  |
| **If you are submitting this form electronically by email please type an X in the box:**(If you submit electronically by email this must be sent from your University email account) |  |

**Part B (for official use only)**

**Decision of Departmental Disability Officer (or Deputy Disability Officer If absent)**

1. **Claim accepted/ rejected** (*please delete as appropriate*)

2. **Claim rejected**

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| Reasons for rejection |
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3. **Claim accepted**

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| Length of extension approved and revised submission date |
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Approved by Departmental Disability Officer

Name…………………………… Signature………………….… Date………………