

**Exceptional Circumstances Affecting Assessment Claim Form**

Please read the accompanying guidance notes carefully before completing this form. If you are requesting an extension, the completed form should either be submitted to the departmental Student Services, or submitted by email to [dohs-ex-circs@york.ac.uk](mailto:dohs-ex-circs@york.ac.uk), before the published deadline for the submission of the assessment(s). The deadline for all other exceptional circumstances claims is one week from the published submission or examination date. 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** |
| Is this an extension request? (*delete as appropriate)* | | **Yes** | |
| **No**, please take my circumstances into account | |
| If yes, how many days have your exceptional circumstances prevented you from working on your assessment(s)? | |  | |

|  |  |
| --- | --- |
| **Brief details of your exceptional circumstances affecting assessment** *(you may continue on a separate sheet if necessary)*. | |
|  | |
| If you are requesting an extension to a deadline please state clearly how many days you are requesting |  |

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| --- | --- |
| **List supporting evidence submitted**   * Claims without satisfactory evidence will not normallybe considered. * A certified translation of any documents should be provided where appropriate. * If you are unable to supply evidence with this form please state the reason for this and the evidence you will be providing and the date at which it will be available. | |
| Evidence | Source eg GP, hospital consultant |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Details of assessments affected** | | | | | |
| Module code | Module title | Mode of assessment  ie exam, essay | Date of exam / **normal deadline** for submission | Did you sit/ intend to sit the exam / submit the assessment? | Is this a reassessment? |
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| **Student declaration:**  I declare that the information that I give on this form and include in attachments is true and all the evidence submitted is genuine. I understand that providing false information is considered a disciplinary offence by the University. I have read the Guidance Notes for Students available at <http://www.york.ac.uk/healthsciences/student-intranet/exam-assess/assessments/mitcircs/> | | | |
| **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 including members of the relevant Exceptional Circumstances Affecting Assessment Committee. 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)**

**Exceptional Circumstances Committee Affecting Assessment’s Decision**

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

2. **Claim rejected**

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| --- |
| Reasons for rejection |
|  |

3. **Claim accepted**

The Exceptional Circumstances Affecting Assessment Committee approves the following:

|  |
| --- |
| Details of recommendation to Board of Examiners/Studies |
|  |

Approved on behalf of the ECAAC by:

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

4. **Student informed of decision by Board of Studies on ……………………………. (Date)**