

Exceptional Circumstances Affecting Assessment application form



Please read the accompanying guidance notes carefully before completing this form. If you are requesting an extension, the completed form should normally be submitted to your **Department(s) before the published deadline for the submission of the assessment(s)**. You should refer to the guidance provided by your academic Department(s) on the deadlines for submission of exceptional circumstances claims. When submitting this form by email, please send it from your **University of York email address**.

Part A

Forename(s)/given name(s):		Surname/family name:	
Name of programme and year of study:			
Student Number:			
York username:		Date of application: <i>(Today's date)</i>	
Name of personal supervisor/tutor:		Have you discussed this request with your supervisor? Yes / No	
Is this an extension request? <i>(Delete as appropriate.)</i>	YES	If yes, how many days have your mitigating circumstances prevented you from working on your assessment(s)?	
	NO	If not, please explain the nature of your request. (For example, are you requesting permission to take assessment 'as if for the first time?') Please note the Exceptional Circumstances Committee cannot alter marks or waive progression requirements.	

<p>Exceptional circumstances</p> <p><i>Please provide a brief description of your exceptional circumstances.</i></p>

<p>List supporting evidence submitted</p> <ul style="list-style-type: none"> • <i>Claims without satisfactory evidence will not normally be approved.</i> • <i>A certified translation of any documents must be provided if the original evidence is not in English.</i> • <i>If you are unable to supply evidence with this form you must state the reason for this, the evidence you will be providing and the date by which it will be available.</i> 				
<table border="1"> <thead> <tr> <th>Evidence</th> <th>Source (i.e. GP, hospital consultant)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Evidence	Source (i.e. GP, hospital consultant)		
Evidence	Source (i.e. GP, hospital consultant)			

Details of assessments affected					
Module no.	Module title	Mode of assessment (i.e. exam, essay)	Normal deadline for submission or exam date	Did you sit the exam / submit the assessment?	If yes, please state the date.

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 Exceptional Circumstances affecting Assessment Policy available at <https://www.york.ac.uk/students/studying/progress/exceptional-circumstances/>

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 Exceptional Circumstances affecting Assessment (ECA) Committee. I accept that my claim, whilst confidential, cannot be anonymous.

I understand that my supervisor may be copied into the ECA Committee's response to this application.

Student's signature:

Date:

Part B (for official use only)

Exceptional Circumstances affecting Assessment Committee's decision

1. **Claim rejected**

Reasons for rejection:

2. **Claim accepted**

Details of recommendation from ECA Committee to Board of Studies:

Signature:

3. **Student informed of decision on: (Date)**