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**APPLICATION FOR CONSIDERATION OF EXTENUATING CIRCUMSTANCES**

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| --- | --- | --- | --- | --- |
| **FULL NAME** |  | | | |
| **STUDENT ID** |  | | | |
| **PROGRAMME OF STUDY** |  | | | |
| **YEAR OF STUDY** |  | **SEMESTER**  **Please tick** | **1** | **2** |

**MODULES AFFECTED BY EXTENUATING CIRCUMSTANCES**

**Please list each assessment separately and indicate if the work has been missed or affected**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Module Code** | **Type/Name of Assessment**  **(e.g. Essay 1, Project, Dissertation)** | **Coursework** | | **Exam** | | **Date of Exam**  **Coursework**  **Deadline** |
| **Missed** | **Affected** | **Missed** | **Affected** | **(dd/mm)** |
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**Details of extenuating circumstances**

Please provide a **detailed** description of the extenuating circumstances that may have affected your performance in the above modules, including the time-period over which these circumstances occurred. **It is important to provide as much information as possible for the Extenuating Circumstances Committee to consider your application. Simply stating *`I was ill’* is not enough.**

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**Details of extenuating circumstances/cont’d**

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**Supporting documentation**

Please list all the supporting documentation of your claim and all documentation should be stapled to this form. All claims should be supported by appropriate independent evidence (for example, Doctors’ letters or records of online consultations, police reports, insurance reports). **If evidence is not yet available, you should still submit this form and should indicate below what evidence you are intending to provide and the date by which you expect to be able to do so.** **It is important to be specific with your evidence. For example, a general claim of illness in Semester 1 will not be accepted as evidence for under performance in Semester 2**. **Examples of the type of evidence that the Committee may expect to see are provided in the CoPA Appendix M Annexe 1: Policy on Extenuating Circumstances: Guidelines for Staff and Students at** <https://www.liverpool.ac.uk/aqsd/academic-codes-of-practice/code-of-practice-on-assessment/>. Please consult this policy for details of how this documentation will be held and used by the University in accordance with GDPR requirements.

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**Student/apprentice declaration**

I confirm that all the information contained in this statement is accurate and complete to the best of my knowledge. I consent to the information being used by the Extenuating Circumstances Committee, and understand that the information will be treated in the strictest confidence.

Signature of student/apprentice: ……………………...................................................

Date: …………………................................

**FOR USE BY THE CHAIR OF THE EXTENUATING CIRCUMSTANCES COMMITTEE ONLY**

I recommend that the following action be taken in respect of this claim:

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Signature of Chair: ............................................................................ Date: ……………………………………............