

**APPLICATION FOR CONSIDERATION OF EXTENUATING CIRCUMSTANCES**

<b>FULL NAME</b>				
<b>STUDENT ID</b>				
<b>PROGRAMME OF STUDY</b>				
<b>YEAR OF STUDY</b>		<b>SEMESTER</b> Please tick	<b>1</b>	<b>2</b>

**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)

**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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.....(Continue on next page)

**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. Medical claims should be supported by a GP’s medical note or Consultant’s report, other claims should be supported by appropriate documentation (for example, police reports, insurance reports). **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/](https://www.liverpool.ac.uk/aqsd/academic-codes-of-practice/code-of-practice-on-assessment/)

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**Student 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: ..... Date: .....

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**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: .....