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| **Extenuating Circumstances Form** | U:\Style guides, logo and templates\School logo\Logo black\LSHTM_Logo_Black.jpg |
| This form should be completed by students who wish to claim **Extenuating Circumstances** (ECs) or request an **Extension**\* for a particular assessment. **Please read the Extenuating Circumstances Policy** prior to submitting your claim. *(\** [*Research Degree students must follow the Research Degrees Extensions Policy*](https://lshtm.sharepoint.com/students/Pages/Research-degree-students-information.aspx)*).* **Please note that only the Extenuating Circumstances Committee (ECC) can approve ECs or an Extension. Individual members of academic staff cannot make these decisions.** |
| **1. STUDENT DETAILS** |
| **Academic Year** |       | **Date of request** |       |
| **Student name** |       | **Student number** |       |
| **Programme title***e.g. MSc Epidemiology* |       |
| **Email** *(Use LSHTM email if you have one)* |       |
| **2. AFFECTED ASSESSMENTS** Please detail the assessment(s) for which you wish to claim Extenuating Circumstances (if more than one, please list on separate rows) |
| **Assessment Element*** F2F summer exams (Papers 1 & 2)
* Practical Exam
* Module Code and Title
* Project
 | **Assessment task / date**(e.g. Module Exam on 7 Feb) | **Impact on Assessment**One of the following:* Assessment missed
* Assessment taken
* Extension requested
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| **3. NATURE OF EXTENUATING CIRCUMSTANCES** |
| Please indicate ([x] ) which circumstances apply. (You may tick more than one). |
| [ ]  A1 Illness or hospitalisation[ ]  A2 Illness of a family member/dependant[ ]  A3 Bereavement[ ]  A4 Acute emotional / psychological distress[ ]  A5 Victim of crime[ ]  A6 Maternity or paternity | [ ]  A7 Delays/problems caused by staff[ ]  A8 Problems with overseas fieldwork[ ]  A9 Court attendance[ ]  A10 Change to employment (PT students only)[ ]  A11 Accommodation issues[ ]  A12 Other personal circumstances |
| Please provide a brief description of the **nature of your ECs**. Explain how they have **affected your assessments** or **why you require an extension**. **(If you are requesting an extension,** please include an estimate of time lost in working on your assessments but **please note the length of extension will be determined by the Extenuating Circumstances Committee.)** |
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| **4. SUPPORTING EVIDENCE** |
| * Please list all **supporting evidence enclosed with this submission.** If you do not have the evidence, submit the form and state what evidence will be provided (marked ‘to follow’).
* Ensure you **retain original documents**. All evidence submitted will be held securely and treated confidentially.
* Please refer to Section 4 of the EC Policy **for further information on evidence requirements**.
* **Scanned copies of documents** (preferably in PDF format) should be supplied as email attachments along with this EC form.
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| **5. DEADLINES** |
| * **Extensions**: Prior to the deadline for submitting the assessed work
* **ECs:** Within **3 calendar weeks** of the affected exam / assessment deadline
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| **6. SUBMISSION AND DECLARATION** |
| Send your completed form and evidence to * Face-to-Face students: assessments@lshtm.ac.uk
* Distance learning examinations: pgug.exams@london.ac.uk
* Distance learning coursework: distance@lshtm.ac.uk

**As this form is submitted electronically, it does not require a signature. By submitting this form, you declare that it represents a true and complete description of your circumstances regarding the affected assessments.** |