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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 () 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 | | | | | | | |
| **6. SUBMISSION AND DECLARATION** | | | | | | | |
| Send your completed form and evidence to   * Face-to-Face students: [assessments@lshtm.ac.uk](mailto:assessments@lshtm.ac.uk) * Distance learning examinations: [pgug.exams@london.ac.uk](mailto:pgug.exams@london.ac.uk) * Distance learning coursework: [distance@lshtm.ac.uk](mailto: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.** | | | | | | | |