**Please read the guidance before completing the form**

**Please read these guidance notes carefully, making sure you consult the table on pages 4 & 5 before completing your form.**

You can also visit the EC webpage for more information: Go to www.arts.ac.uk/study-at-ual/academic-regulations/course-regulations/6-extenuating-circumstances/

All correspondence relating to this claim will be sent to your registered UAL email address. Please make sure that you check it regularly.

**Help and Support**

**Student’s Union** Advice Workers can help if you have any queries regarding your EC claim or if you have any difficulties completing the form:

E: [advice@su.arts.ac.uk](mailto:advice@su.arts.ac.uk)

T: 020 7514 6270

W: www.suarts.org/help/advice

**Student Services** also offer a range of support and guidance for students with ECs such as disability advice and support, counselling, information on local medical services, and help with mental health problems:

E: [student.services@arts.ac.uk](mailto:student.services@arts.ac.uk)

T: 020 7514 6230

W: www.arts.ac.uk/study-at-ual/student-services/

**The Disability Service** can provide advice, guidance and support if you have a disability or long term medical condition:

E: [disability@arts.ac.uk](mailto:disability@arts.ac.uk)

T: 020 7514 6156

W: www.arts.ac.uk/study-at-ual/student-services/disability--dyslexia/

**What are Extenuating Circumstances?**

Extenuating Circumstances (ECs) are defined as circumstances which are unexpected, significantly disruptive and beyond your control, and which may have affected your academic performance.

Planning, time management and the meeting of deadlines are part of the personal and professional skills expected of all students. For this reason and to be fair to all students, **no extensions beyond notified submission deadlines are allowed**, unless you have an **agreed prior arrangement** in relation to the published guidelines on disability.

However, there may on occasion be exceptional circumstances that might affect your ability to meet an assessment deadline or affect the level of your performance at assessment. If you are having difficulties, you may be able to submit an Extenuating Circumstances claim.

**Acceptable Grounds for Extenuating Circumstances**

The grounds which would normally be acceptable are listed in the table below, together with information on the types of evidence needed to support a successful EC claim. The table includes guidance on the grounds which would not normally be accepted.

**What to do if you think extenuating circumstances have affected your work**

1. Collect an Extenuating Circumstances Form from your College Administration Office or download it from the University website: http://www.arts.ac.uk/study-at-ual/academic-regulations/course-regulations/6-extenuating-circumstances/.

2. Complete the form in full, clearly stating the facts of the circumstances that have affected your work for assessment.

3. Make sure you attach relevant formal evidence and documents to support your case (please see below for further guidance)

4. Be realistic - short illnesses such as a cold or routine IT or transport problems are not considered grounds for ECs. Consult the EC Categories table on page 5 before completing the form.

5. Be specific. State the dates your performance was affected and why. Indicate specific units or assignments or projects. Tell us what impact the EC has had on your performance at assessment.

6. Seek help. If you are not sure whether or when to submit a claim you should consult your Course Leader, Tutor or the Students’ Union (contact details on the front of this form).

7. Submitting a form with a genuine case will not guarantee you a pass or a better assessment outcome, but it may help in some cases.

**Supporting Evidence**

1. Guidance on the appropriate evidence for types of EC claims is available in the table below.

2. Evidence must be in **English** and any translation must be carried out by an official, notarised translator. If you have any difficulties obtaining a translation, please visit <http://www.atc.org.uk/en/members/find-a-translation-company>

3. If you are providing evidence from the University Counselling and Health Advice Service the evidence must relate to the period of assessment for which you are claiming and it must clearly demonstrate that you attended more than one counselling session prior to the assessment deadline.

4. If you are providing evidence from a medical practitioner the evidence must clearly relate to the period of assessment for which you are claiming. The University has produced a guidance document which you can take to your appointment to explain our evidence requirements to your Doctor. The guidance is available on the EC website www.arts.ac.uk/study-at-ual/academic-regulations/course-regulations/6-extenuating-circumstances/

5. Please visit the Student Services Health Advice website for information on local medical services <https://myintranet.arts.ac.uk/staffandstudents/student-services/counselling-health-advice--chaplaincy/health-advice/doctors-dentists--opticians/>

**Submitting your form**

1. Please submit your completed form to your College Administration Office or your relevant College EC email address:

Camberwell [ecclaims@camberwell.arts.ac.uk](mailto:ecclaims@camberwell.arts.ac.uk)

Chelsea [ecclaims@chelsea.arts.ac.uk](mailto:ecclaims@chelsea.arts.ac.uk)

CSM [ecclaims@csm.arts.ac.uk](mailto:ecclaims@csm.arts.ac.uk)

LCC [ecclaims@lcc.arts.ac.uk](mailto:ecclaims@lcc.arts.ac.uk)

LCF [ecclaims@fashion.arts.ac.uk](mailto:ecclaims@fashion.arts.ac.uk)

Wimbledon [ecclaims@wimbledon.arts.ac.uk](mailto:ecclaims@wimbledon.arts.ac.uk)

1. If you are submitting your form electronically please ensure that the form and accompanying evidence are in an accessible format and within normal file size limits.
2. If you are submitting your form in hard copy to your College Administration Office please do so in a sealed envelope clearly marked ‘Extenuating Circumstances’ along with your name and course. If you wish the contents of your submission to be treated in the utmost confidence, you can mark the envelope for the attention of the Chair of the EC Panel and Chair of the Exam Board (usually the Dean) and appropriate clerks. This will ensure that the contents of your form will remain confidential to them.
3. Your form and supporting evidence should be submitted as close as possible to the time the circumstance takes place, ideally within two weeks of the circumstances commencing, and **at least one week before the Exam Board meeting**. Claims received after the submission point for the unit/ project will be automatically rejected, unless the circumstance coincides with the assessment submission point.
4. ECs relating to late submissions will not be accepted without confirmation that the work has been submitted from the College Administration Office. You should submit the work at the earliest opportunity on your return to College, even if as a result of the EC, it is incomplete. The dates of your claim will be checked to verify that you were unable to submit the work sooner.

**Keep a copy of your submitted form for your own records.**

**What happens next?**

If your claim is supported by appropriate evidence, it will be considered by the College EC Panel. The Panel will establish whether your claim meets the University criteria and you will receive notification of whether the claim has been validated or rejected, usually within 24 calendar days

|  |  |  |  |
| --- | --- | --- | --- |
| **Extenuating Circumstances Guidance**  **Please note that, if you are providing evidence from a medical practitioner, the evidence must clearly relate to the period of assessment for which you are claiming. Medical practitioners should be registered with the General Medical Council (GMC) and a list is available at** [**http://www.gmc-uk.org/doctors/register/LRMP.asp**](http://www.gmc-uk.org/doctors/register/LRMP.asp) **The University has produced a guidance document which you can take to a registered medical practitioner to explain the evidence requirements** [**http://www.arts.ac.uk/study-at-ual/academic-regulations/course-regulations/6-extenuating-circumstances/**](http://www.arts.ac.uk/study-at-ual/academic-regulations/course-regulations/6-extenuating-circumstances/)  **If you are providing evidence from the University Counselling and Health Advice Service the evidence must relate to the period of assessment for which you are claiming and it must clearly demonstrate that you attended more than one counselling session prior to the assessment deadline.** | | | |
| **Reason for Claiming** | **Acceptable Grounds** | **Evidence Required** | **Unacceptable Grounds** |
| **Serious medical condition** | Serious personal injury, medical condition or mental health condition preventing attendance, completion of assessment or submission of work | Written evidence from a registered medical practitioner or the University Counselling and Health Advice Service | Ongoing conditions (including disabilities, learning difficulties or mental health conditions) Please contact the Disability Service for advice if you have an ongoing condition.  Minor illnesses or injuries (such as colds, headaches, hayfever) |
| Serious injury or illness to child, partner or close relative | Written evidence from patient’s registered medical practitioner with evidence of relationship to student. **AND/OR** Written evidence of impact on claimant from a registered medical practitioner or the University Counselling and Health Advice Service |
| Serious worsening or acute episode of an ongoing medical condition, mental health condition or disability | Written evidence from a registered medical practitioner or the University Counselling and Health Advice Service which clearly demonstrates a serious worsening or acute episode of an ongoing condition |
| **Bereavement** | Death of parent, (including step-parents and legal guardian) child, siblings, partner | Death Certificate or written evidence from a professional such as Undertaker, Coroner or Registrar  **OR** Written evidence of impact on claimant from a registered medical practitioner or the University Counselling and Health Advice Service |  |
| Death of close relative or friend | Written evidence of impact to claimant from a registered medical practitioner or the University Counselling and Health Advice Service |
| **Trauma** | Victim of serious crime (e.g. rape, assault, domestic violence, mugging) | Written evidence from the Police **OR** Written evidence of impact on claimant from a registered medical practitioner or the University Counselling and Health Advice Service | Minor crime  Financial problems or employment difficulties  Accommodation problems or house moves  General domestic / family problems  Assessment / Exam stress |
| Theft of work required for assessment | Written evidence from Police or other investigating authority, Fire Service or University Department (e.g Estates) |
| Direct experience of terrorist incident or natural disaster |
| Major fire in residence |
| Family breakdown (such as divorce) | Written evidence of impact on claimant from a registered medical practitioner or the University Counselling and Health Advice Service |
| **Caring responsibilities** | Unexpected caring responsibilities caused by sudden serious illness or worsening of ongoing medical condition to child, partner or close relative | Written evidence from patient’s registered medical practitioner with evidence of relationship to student. **AND/OR** Written evidence of impact on claimant from a registered medical practitioner or the University Counselling and Health Advice Service | Ongoing caring responsibilities  Caring responsibilities for minor illnesses, accidents or injuries |
| **Court attendance** | Jury Service or attendance at court or tribunal as a witness, defendant or plaintiff | Official correspondence from Court or Tribunal Authority | Supporting friend or relative at Court or Tribunal |
| **Miscellaneous** | Serious disruption caused by terrorist incident or natural disaster | Evidence of serious disruption to travel or other plans preventing attendance at or completion of assessment or submission of work | Any circumstances which have not clearly impacted on academic performance or do not clearly relate to the timing of the assessment  Visa problems  Failing of IT or technical equipment  Minor private or public transport failure, holidays or booked travel arrangements |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please read the guidance notes above before completing this form.**  Keep a copy of this form for your records. All correspondence relating to this claim will be sent to your registered **UAL email address** so please make sure that you check it regularly.  Your claim must be submitted with complete supporting evidence as soon as possible, ideally within two weeks of the circumstances commencing, and at least one week before the Exam Board meeting. You should submit your work by the agreed deadline wherever possible. If, as a result of the EC, you are unable to meet the deadline, you should submit the work as soon as you can return to college - even if, as a result of the EC, it is incomplete.  The **Students’ Union** can provide advice and guidance on ECs and help you to fill out your claim. You can contact them by emailing [**advice@su.arts.ac.uk**](mailto:advice@su.arts.ac.uk), phoning 020 7514 6270, or visiting their website at **www.suarts.org/help/advice**.  Please submit your completed form to your College Administration Office or your relevant College EC email address:  Camberwell [ecclaims@camberwell.arts.ac.uk](mailto:ecclaims@camberwell.arts.ac.uk)  Chelsea [ecclaims@chelsea.arts.ac.uk](mailto:ecclaims@chelsea.arts.ac.uk)  CSM [ecclaims@csm.arts.ac.uk](mailto:ecclaims@csm.arts.ac.uk)  LCC [ecclaims@lcc.arts.ac.uk](mailto:ecclaims@lcc.arts.ac.uk)  LCF [ecclaims@fashion.arts.ac.uk](mailto:ecclaims@fashion.arts.ac.uk)  Wimbledon [ecclaims@wimbledon.arts.ac.uk](mailto:ecclaims@wimbledon.arts.ac.uk) | | | | | | | | | | | |
| **Part A - Student Details:** | | | | | | | | | | | |
| 1 | Student ID number: | | | | | Course: | | | | | |
|  | Name: | | | | | Year of Study: | | | | | |
|  | UAL Email Address: | | | | | Course Leader: | | | | | |
|  | Contact Telephone: | | | | | Personal Tutor: | | | | | |
| **Part B – Claim Details:** | | | | | | | | | | | |
| 2 | **Please state all units and assignments that have been affected:** | | | | | | | | | | |
|  | Unit Title(s): | | | | | Unit Code(s) *(see your course /unit handbook)*: | | | | | |
|  | Assignment(s): | | | | | Assignment Deadline(s): | | | | | |
| 3 | **Nature of the EC (Please Tick):** | | | | | | | | | | |
|  | Serious Medical Condition | | Bereavement | Trauma | | Caring Responsibilities | | Court Attendance | | Other | |
| 4 | **Date(s) of the EC:** | | | **From:** dd/mm/yyyy | | | | **To:** dd/mm/yyyy | | | |
| 5 | **Description of the Extenuating Circumstances:** | | | | | | | | | | |
|  | *Continue on a separate sheet if necessary.* | | | | | | | | | | |
| 6 | **How have these circumstances affected the assessment(s) listed above? Please include exact dates.** | | | | | | | | | | |
|  | *Continue on a separate sheet if necessary.* | | | | | | | | | | |
| 7 | **What supporting evidence is attached to this form?** | | | | | | | | | | |
|  | *Please note that forms submitted without formal supporting documentary evidence will not be considered. Please see the guidance for further information on the types of evidence that will be considered.* | | | | | | | | | | |
| **Part C - Disabilities and Long Term Medical Conditions:** | | | | | | | | | | | |
| 8 | **Do you have a disability or long term medical condition?** | | | | | | | | **Yes/ No** | | |
|  | If you have a disability or long term medical condition, staff at our central and college disability and dyslexia services can provide advice, guidance and support. If you would like to disclose a disability to the University and access these support services, please visit the CentralDisability Service website www.arts.ac.uk/study-at-ual/student-services/disability--dyslexia | | | | | | | | | | |
| 9 | **If you have a disability, are you happy for the Extenuating Circumstances Panel to contact the Disability Service for information about your condition?** | | | | | | | | **Yes/ No** | | |
|  | The Disability Service will not normally pass information about your condition to a third party, including the EC Panel, without your consent. However it will help us to process your EC claim more effectively if we can contact the Disability Service to find out more about your condition and any special arrangements that have been put in place for you. If you *are* happy for the EC Panel to speak to the Disability Service, please let us know. This information will remain confidential to the EC Panel and will not be made available to your tutors or other course staff. | | | | | | | | | | |
| **Part D – Checklist and Student Signature** | | | | | | | | | | | |
| 10 | **Please check the following questions before you sign and date the form:** | | | | | | | | | | |
|  | * Have you completed all sections of the form? | | | | | | | | **Yes/ No** | | |
|  | * Have you clearly indicated which units and assignments have been affected by the EC? (You might need to check your course handbook to find the exact unit title/ code). | | | | | | | | **Yes/ No** | | |
|  | * Have you given clear details of the dates that have been affected by the EC? | | | | | | | | **Yes/ No** | | |
|  | * Have you attached appropriate supporting evidence? | | | | | | | | **Yes/ No** | | |
| 11 | **Student Signature:** | | | | | | **Date:** | | | | |
| **PART E - OFFICE USE ONLY** | | | | | | | | | | | |
| **Date Received:** | |  | | | **Date Copied to EC Panel:** | | |  | | | |
| **Received by:** | |  | | | **Date Copied to Exam Board:** | | |  | | | |
| **If the student has a potential disability or long term condition, has the EC Clerk referred them to the Disability Service?** | | | | | | | | | | | **Yes No** |
| **Category:** | | **A** (Acceptable reason for claim) | | **B** (Unacceptable reasons for claim) | | | | | | | |
| **Decision of EC Panel:** | | Validate | | Reject | | | | Evidence Needed | | | |
| **Comments:** | | | | | | | | | | | |
| **EC Panel Chair Signature:** | | | | | | | | **Date:** | | | |