

## Extenuating Circumstances Claim Form

Please complete this form if illness or other circumstance has affected your academic performance .

All claims MUST be substantiated by original documentary evidence, e.g. medical certificate. All information submitted is confidential and will only be made available to the relevant Board.

Please complete <u>all sections</u> of this form.				
<b>Surname/Family name:</b>			<b>Date:</b>	
<b>First name (s):</b>			<b>Your ID number:</b>	
<b>Aspects for which extenuating circumstances are claimed</b>				
Module code	Module title and coursework where appropriate	Part (s) affected insert code from list below*	For late course work	
			Deadline	Date submitted
<b>Codes for entry into above 'Part(s) affected' section.</b>				
Part affected	1	Examination	Performance affected	
Part affected	2	Examination	Unable to attend	
Part affected	3	Course work	Submitted on time but performance affected	
Part affected	4	Course work	Submitted late (provide dates above)	
Part affected	5	Course work	Not submitted	
Part affected	6	All	Unable to attend module, wish to retake without penalty	
NB: Coursework includes projects, presentations and in-module tests.				
Please complete the sections overleaf and return this form together with supporting evidence to the Dean no more than <b>5 working days after the examination date or assessment submission date</b> . To maintain your confidentiality you should submit the form in a sealed envelope marked 'Extenuating Circumstances'. Please note that the Board of Examiners will not usually consider claims received after the deadline. If you are submitting your claim <b>outside of the 5 working day</b> deadline please <b>submit a supporting statement</b> explaining why you were unable to submit your claim in time.				
Please give further details of your circumstances, including the dates during which you were affected and the impact on your academic performance. You are reminded that claims cannot be accepted without original				

written documentary evidence. Please note that you should keep a copy of your claim form along with copies of any original documents you submit.

Details of your claim	Dates affected	Module (s) affected
<b>Primary contact address (e.g. term time)</b>	<b>Address to which communication regarding this extenuating circumstances claim should be sent:</b>	
<b>Student signature</b>	<b>Date</b>	
If you require any support in completing this claim please contact the Dean		

To support your claim read paragraphs 1 and 2 and highlight the appropriate section in each paragraph that applies to your claim.

### **Request for the recognition of extenuating circumstances, including illness**

#### Burden of proof in seeking the recognition of extenuating circumstances

When making a request for the recognition of extenuating circumstances it is for the student to show that one of the circumstances listed in paragraph 1 applies and to provide the necessary evidence to support their request (see paragraph 2).

1. ICOM will consider requests for the recognition of extenuating circumstances where there has been
  - bereavement through the death of a close relative or significant other\* that in employment would lead a reasonable employer to grant compassionate leave \*[in such an instance ICOM will require independent evidence of the nature of the relationship]
  - serious short-term illness or accident of a nature that, in employment, would lead a reasonable employer to agree to absence on sick leave
  - a long-term (chronic) health problem suddenly worsening
  - for part-time and distance learning students in full-time employment only, an increase in their workload due to circumstances beyond their control, or being required by their employer to work through periods normally available for study and/or assessment
  - other exceptional circumstances that will affect the student's ability to submit an assessment on time or to attend an assessment or have affected them.

#### *Examples of 'other exceptional circumstances' might include*

- *natural phenomena such as earthquakes, ash clouds or severe weather*
- *civil unrest that might make it impossible for a student to travel to the College or submit work electronically*
- *a requirement that the student performs military service that they are unable to defer until after their programme finishes.*

#### Evidence required

2. Where a student encounters unforeseen circumstances that are consistent with any of the matters outlined in paragraph 1 and wishes them to be recognised as extenuating circumstances they are required to provide supporting evidence. This is to be set out in writing, and be signed by the person providing it. The nature of the evidence that the College requires includes
  - for bereavement, a death certificate or a signed and dated letter from a minister of religion, medical practitioner, police officer, solicitor, magistrate or other officer of the law or a person with equivalent professional standing
  - for illness, a signed and dated letter from a medical practitioner (GP, clinical specialist, or registered professional in psychiatric practice) that states the dates when the illness affected the student and how, without breaching confidence, the circumstances affected or are likely to affect
    - the student's ability to prepare for an assessment, submit or attend for an assessment
    - the student's ability to recognise and deal with their circumstances

- for a student awaiting a diagnosis of an illness or condition, a signed and dated letter from a medical practitioner (GP, clinical specialist, or registered professional in psychiatric practice) that states the dates when the student attended for treatment, when tests were undertaken, and when a diagnosis is expected
- for accident or injury to the student, a copy of an accident report provided by a police officer, Magistrate, or Magistrate's Clerk; or a signed and dated letter from a medical practitioner. In all cases where a letter is provided it must state the dates when the accident or injury affected the student; the position and qualification(s) of the person providing the letter; and their contact details
- for significant adverse personal or family circumstances being encountered by the student, a signed and dated letter from one or more of the following: a medical practitioner; a social worker (stating their position with respect to the student); a registered psychological therapist; a registered professional in psychiatric practice; an officer of the law; a teacher outside ICOM; a minister of religion. The letter they provide must give their position and qualification(s) and their contact details and must provide information on the time when the circumstances occurred and whether they are continuing
- for part-time and distance learning students in full-time employment only, who have experienced an increase in their workload due to circumstances beyond their control, or have been required by their employer or a client to work through periods normally available for study and/or assessment where they are in employment, a signed and dated letter from their employer, or their employer's authorised representative, stating that the student has been required by them to undertake work in the interests of the employer and that this was in time that had previously been agreed would be available for the student to study, prepare for assessment, or take an assessment
- where they are self-employed, evidence from their client or the client's authorised representative stating that they have required the student to undertake unforeseen work that was necessary in the interests of the client's business, together with the dates and times when the student had been required to attend the client or undertake the previously unforeseen work.
- for military service, the individual's call-up papers (translated where necessary) together with evidence to show that the service cannot be deferred to affect the student's ability to submit an assessment, attend for an assessment, respond to requests for information from ICOM or represent themselves and their situation to ICOM.