

Appendix 1 – Extenuating Circumstances Claim and Approval for an extension to a submission deadline(s) Form



Part 1: Extenuating Circumstances Claim – Student to complete

Student Name:	Click or tap here to enter text.		
Student ID Number:	Click or tap here to enter text.	Personal Tutor:	Click or tap here to enter text.
Programme of Study:	Click or tap here to enter text.		
Extenuating Circumstances claim details			

Although it is not mandatory for you to speak to someone before you submit a claim, NMITE staff members can provide helpful advice, if needed. If you have been speaking to someone about the circumstances affecting your study, it can be helpful for the Panel to know this – please tick all that apply:

Yes, my Personal Tutor	<input type="checkbox"/>
Yes, a member of the Student Support & Services team	<input type="checkbox"/>
Yes, another staff member	<input type="checkbox"/>
Please provide the name of the staff member(s) you have spoken to, if applicable: Click or tap here to enter text.	
No, I have not spoken to anyone	<input type="checkbox"/>

Does this Extenuating Circumstances claim relate to a disability (or long-term condition) already covered by a Support Plan? Yes No

Please indicate why the form is being completed (tick all that apply):

Absence from an assessment or non-submission of coursework	<input type="checkbox"/>
Request for extension(s) to deadlines for submission of written assignment(s)	<input type="checkbox"/>
Claim of adversely impacted performance in an assessment	<input type="checkbox"/>
Late diagnosis of a disability or long-term medical condition	<input type="checkbox"/>

When were you affected? (e.g. from 02 May 2021 to 09 May 2021) The evidence you provide should cover these dates.

Date from: Click or tap to enter a date. To: Click or tap to enter a date.

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What Module is/was affected?

Please provide names of all module assessments affected:

Is any of the affected assessments a group task?

Yes No

If this is a group assessment, please provide names of your team members:

<input type="text" value="Click or tap here to enter text."/>
<input type="text" value="Click or tap here to enter text."/>
<input type="text" value="Click or tap here to enter text."/>
<input type="text" value="Click or tap here to enter text."/>

Provide date of all assessments' deadline affected:

From:	<input type="text" value="Click or tap to enter a date."/>
To:	<input type="text" value="Click or tap to enter a date."/>

Provide details of the situation (e.g. what happened? How serious was it? How did it impact upon your studies or assessment?):

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Your supporting evidence

What evidence are you providing in support of your claim? (Tick all that apply)

Evidence from medical practitioner	<input type="checkbox"/>
Letter from counsellor	<input type="checkbox"/>
Supporting statement from a member of staff	<input type="checkbox"/>
Police incident report	<input type="checkbox"/>
Letter from Court	<input type="checkbox"/>
Bereavement related evidence	<input type="checkbox"/>
Self-certification *Please, complete the Self-Certification Form	<input type="checkbox"/>
Other please specify below	<input type="checkbox"/>
Click or tap here to enter text.	

Will supporting documentary evidence be submitted separately?

Yes No

You should ensure that any evidence that refers to a third party, such as family member, is provided with their consent and in line with data protection principles.

In accordance with the General Data Protection Regulations (GDPR), you should ensure that any evidence and/or data that refers to a third party/parties, such as family member is provided with their consent and in line with data protection principles. NMITE may be unable to contact people named in your claim to advise them that their data is being held. You should make anyone whose data you are including in your claim aware that you are doing so in order that, if they wish to do so, they can contact NMITE to object to that data being held.

Outcome

In order to support you in making this claim, we need you to tell us what outcome you are expecting for every affected assessment. There are a number of potential outcomes (for example, to waive late submission penalties, to provide an extension to submission

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deadline) but any decision will be taken in your best interests, to minimise any adverse impact on your on-going studies and subsequent assessment load.

Please indicate what outcome are you seeking from this claim:

Click or tap here to enter text.

Completed Extenuating Circumstances claim form, accompanied by appropriate evidence, should be submitted by email to registrar@nmite.ac.uk . Third party submissions will not normally be accepted.

Student signature and consent

The information I have provided is correct and complete to the best of my knowledge. In submitting this form, I given my consent for this information to be disclosed to relevant NMITE staff responsible for considering my claim. I understand that the claim will be kept on my student record.

Please note, whilst all applications will be treated with appropriate confidentiality, details may be shared with Student Support Services, who may need to contact you directly to offer advice and support if the information disclosed is of significant concern.

I confirm and agree to the above statement.

Student signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Part 2: Approval for an extension to a submission deadline(s) (OFFICE USE ONLY)

In accordance with section 8.3 of the Extenuating Circumstances policy, I hereby

Approve Reject

extension to a submission deadline(s) of this student and above module assessment(s):

Extenuating Circumstances claim summary

What evidence has been provided in support student's claim? (Tick all that apply)

Evidence from medical practitioner	<input type="checkbox"/>
Letter from counsellor	<input type="checkbox"/>

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Supporting statement from a member of staff	<input type="checkbox"/>
Police incident report	<input type="checkbox"/>
Letter from Court	<input type="checkbox"/>
Bereavement related evidence	<input type="checkbox"/>
Self-certification	<input type="checkbox"/>
Other please specify below	<input type="checkbox"/>
Click or tap here to enter text.	

What Module is/was affected? Click or tap here to enter text.

Please provide names of all module assessments affected:

Assessment	Original deadline	Extended deadline
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Is any of the affected assessments a group task?

Yes No

If this is a group assessment, please provide names of all team members:

Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.

Any comments for the next Extenuating Circumstances Committee meeting to consider:

Click or tap here to enter text.

Full Name	Professor Gary C. Wood
Job Title	Academic Director

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Signature: Click or tap here to enter text.

Approval / Rejection Date: Click or tap to enter a date.

Please email the completed form to registrar@nmite.ac.uk