**Northern Regional College**

**Extenuating Circumstances Form**

**Please refer to the ‘Extenuating Circumstances and Special Considerations’ procedure before completing this form.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Personal Details** | | | | | | | | | | | | | | | | | | |
| Student’s Name: |  | | | | | | | | | | | | | | | | | |
| Course Title: |  | | | | | | | | | | | | | | | | | |
| Module/Unit/Exam Title *(specific details)*: | | | | |  | | | | | | | | | | | | | |
| Name of Course Coordinator: | | | | |  | | | | | | | | | | | | | |
| 1. **Details of Extenuating Circumstances** | | | | | | | | | | | | | | | | | | |
| Extenuating circumstance: *(please X)* | | | | | sickness/illness | |  |  | personal circumstance | | | | | | |  | |  |
| Date/s you were/will be affected: | | | | |  | | | | | | | | | | | | | |
| Please explain why this circumstance resulted in you submitting an extenuating circumstances form i.e. how does/did this matter affect your ability to submit work/sit an exam? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **Supporting Evidence** | | | | | | | | | | | | | | | | | | |
| Do you have supporting evidence: *(please X)* | | | | | | | yes | | | | |  | |  | no |  |  | |
| Is your supporting evidence enclosed/attached: *(please x)* | | | | | | | yes *(please list below)* | | | | |  | |  | no |  |  | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **Your Request - please state what are you requesting? *(please X)*** | | | | | | | | | | | | | | | | | | |
| extension to submission date | |  | | re-submission | |  | exam first sit | | |  | Other  *(please state below)* | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **Declaration –**   **I confirm that the information provided is true and accurate and understand that the information on this form will be submitted to the course team for their consideration.**  **PRIVACY NOTICE:**Information gathered on this form will be processed within the provisions of the General Data Protection Regulations (UK GDPR) and used for the purpose of investigating your complaint.  The College is permitted to process personal data where there is a ‘lawful basis’ to do so.  This processing is necessary for the performance of a public task or in the exercise of official authority vested in the College as a Data Controller. Your information may be shared with relevant College staff for the purpose of investigating your complaint. It may also be shared with authorised third parties such as an awarding organisation, NIPSO, legal professionals where there is a lawful basis to do so. Further information on data protection and your rights are available on our website.  **I realise that if I choose not to agree to these terms, the College will be unable to process my request.** | | | | | | | | | | | | | | | | | | |
| Student’s Signature: | | |  | | | | | | | Date: | | |  | | | | | |
| If you are under 18, please ask a parent/guardian to sign: | | |  | | | | | | |  | | |  | | | | | |

If applicable the Course Coordinator will inform you of a new assignment submission date or new examination date.

NRC/ECForm/QUA21