### **2.3.2 Extenuating Circumstances Form**

**Extenuating Circumstances Form**

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| **General Information** |
| * Before completing the form please read *Carlow College Extenuating Circumstances Procedure Guidelines* * Please complete in BLOCK LETTERS or in TYPESCRIPT * Please email completed form to the relevant individual as identified above. If you are unsure who to email the form to, the Learner Information and Retention Officer can advise you liro@carlowcollege.ie * Please note the deadline by which you should submit the form. |

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| **Personal Details** | | | |
| Name: |  | | |
| Address: |  | | |
| Telephone Number: |  | | |
| Programme: |  | Stage |  |
| Student ID No |  | | |

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| **Details of Examinations and/or Assessments Affected** | | |
| Module Title | Type of Assessment (e.g. Exam, Dissertation, Portfolio, Essay etc.) | Date of Exam or Submission of Assessment |
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| **Nature of your extenuating circumstances.** | |
| **Please describe the circumstances** (use an additional page appended to this form if necessary). Please be specific as to the impact of these circumstances on your academic performance. **For data protection reasons, you must not give any information about another living individual**. Only those people who will consider your circumstances will have sight of this form. Appropriate original supporting evidence must be supplied. | |
| **Please tick the box below which best describes your extenuating circumstance:**  Carlow College requires that these circumstances are confirmed by the documentation indicated in each case below. Appropriate original supporting evidence must be supplied and the date must be specific to the date of the exam or submission of assessment. Headed notepaper should be used. Where appropriate, please ask the professional providing supporting evidence to be as specific as possible in outlining the impact of the circumstances on your ability to meet the demands of your academic programme**. For data protection reasons, you must not give any information about another living individual.** | |
| **❑ Bereavement (**death of close family member just prior to or during the relevant assessment period) | Sight of death certificate, order of service or obituary. (If the timing of the bereavement does not directly relate to the assessment period, further independent corroboration of the impact on your ability to complete assessments will be required) |
| ❑ **Serious ill health**. This may include:   * An acute episode of a disability or chronic condition affecting performance but not covered by special examination provision. * Significant personal accident or injury requiring hospitalisation * Significant mental health condition * Complications arising out of pregnancy * Serious illness of family member just prior to or during the relevant assessment period which directly affects your ability to complete an assessment. | Appropriate original supporting evidence must be supplied by a registered medical practitioner health professional, registered counsellor/ psychotherapist.  The evidence must specifically relate to you and the way in which your ability to complete an assessment is affected.  The evidence must be dated and submitted on official headed paper. It must be signed/stamped by the relevant practitioner/professional. |
| **❑ Other acute personal or emotional trauma.** This may include:   * Significant domestic upheaval caused by family breakdown, accident, eviction or fire. * Victim of a serious crime | Independent corroboration of the timing of these circumstances and their impact on your ability to undertake assessments. For example, a statement from a GP or registered counsellor/ psychotherapist or a statement from the Garda that you have been the victim of a crime. |
| **❑ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Appropriate original supporting evidence must be supplied. |

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| **Supporting Documentation**  Please list any supporting documentation here. You should scan and submit such documentation with your form. Please ensure that documentation is dated, appropriate and legible. **For data protection reasons, you must not submit any information about another living individual.** |
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**Please tick the box if you agree with the following statement**

I consent to my personal data being used as described in the *Extenuating Circumstances Procedure Guidelines*. I understand that I may grant, refuse or later withdraw my consent.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

If you wish to withdraw your consent, please notify the person to whom you sent this form. Withdrawal of consent does not affect the lawfulness of processing prior to the withdrawal of consent.

For Official Use Only

This form must be filled in and sent to the relevant programme administrator at least three days before the relevant internal exam board meeting.

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| Name of student: |  | | |
| Student ID No |  | | |
| Programme: |  | Stage |  |
| Date Request Received |  | | |

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| **Details of Examinations and/or Assessments** | | |
| Module Title | Type of Assessment (e.g. Exam, Dissertation, Portfolio, Essay etc.) | Date of Exam or Submission of Assessment |
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Request Granted: Yes No

If request has not been granted, briefly explain why (e.g. deemed not be a valid reason, documentation not appropriate or missing etc.). Do not include any non-essential information.

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Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_