

Exceptional Circumstances (EC) Claim Form

For use in requesting consideration of exceptional circumstances in Assessment



Section A: Your Details	
Your FULL Name	
Your Student ID Number	
Your preferred method of contact (e-mail address or phone no.)	
Programme of Study	
Do you have a disability or specific learning difficulty that may impact on your ability to engage with the EC process and that you would like us to be aware of when considering your exceptional circumstances? If yes: please tell us in the box below what reasonable adjustments may be required.	(Delete as applicable) Yes / No

Section B: Modules and Assessments Affected					
Module Code	Module Name	Type of Assessment	Assessment due date	Assessment submitted (Yes/No)	Preferred outcome: (insert A or B) A. Deferral B. Deferral to next academic year

Section C: Details of exceptional circumstances
Please provide a detailed description of the exceptional circumstances that may have affected your performance in the above modules, including the time-period over which these circumstances occurred. It is important to provide as much information as possible for the Exceptional Circumstances Panel to consider your application. Simply stating 'I was ill' is not enough.

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Section D: Documentary Evidence

Details of ECs should be brief but include all relevant facts and must be supported by evidence from an independent source, e.g. a medical practitioner. All supporting documentation must be dated and relate specifically to the duration of the module study period and/or assessment deadlines claimed on the form.

Evidence to support ECs of a non-medical nature could include a statement from a person who can verify your circumstances from a position of authority and whose evidence is impartial and objective.

List the documentary evidence you are submitting with this report, E.G. Medical Certificate Etc:

Type of documentation

1	
2	
3	
4	

Section E - Declaration

I declare that the information on this claim is correct and complete to the best of my knowledge, and I authorise the TOPRA to, if required, make enquiries to verify the accuracy of the information I have supplied. I understand the information will be disclosed to the Exceptional Circumstances Panel. I will inform the TOPRA immediately if there are any changes to these circumstances which have any significance to this application. I understand in compliance with academic regulations, Professional and Statutory Body Regulations and/or public protection, the EC Panel may refer a student to the Head of Academic/Service Department (or nominee) if there is a concern regarding Fitness to Practice/Study

Signature:

Date:

You can email your form and evidence to rosely.solomon@topra.org

You can access the Assessment Extensions and Exceptional Circumstances Policy below:



PD010 Assessment
Extensions and Except