# **Mitigating Circumstances Application Form**

## Privacy Policy

For full details of the University of Northampton’s Privacy Policy please go to

<https://www.northampton.ac.uk/about-us/privacy-policy/>

## Information collected

The personal information you have provided is to enable us to process your request accordingly.  The information will be stored electronically on the Student Record system.

The information you have provided will be kept for as long as it is necessary to fulfil that purpose and then disposed of in a confidential manner.  This period will not exceed the time required for processing the form and allowing for any additional correspondence.

Information provided may be shared internally with relevant staff within the Institution. This includes/may include academic colleagues within your subject(s) area and Student and Academic Services.  Such sharing will be compliant with both the General Data Protection Regulation and the Data Protection Act 2018.

Information provided may also be shared with relevant external organisations and service providers.  This may include: Student Finance England; Professional Funding Bodies; Partnership Providers or any other third party where we are required to comply with legal obligation.  Such sharing will be compliant with both the General Data Protection Regulation and the Data Protection Act 2018.

Supplying this information means that you are entering into an agreement with the University and as such you agree to the University holding and using it for the purposes for which it was provided.

Please read the [Extensions and Mitigating Circumstances Guidance](https://mynorthamptonac.sharepoint.com/sites/student/Pages/guidance-documents.aspx) before completing this form.

Please complete all fields marked \*required.

This form includes a section for self-certification. You do not need to complete a separate form.

# **Mitigating Circumstances Form - (Deferral of Assessment)**

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| BEFORE COMPLETING THIS FORMIf your form is incomplete, then we cannot consider your request and your application will be declined.Please complete all fields marked \*required.If you need help completing this form, then please look at our guide here. |

## Section 1: Student Details (\*required)

|  |  |
| --- | --- |
| Name:  | Student ID:  |
| Programme:  | Personal Tutor:  |
| Email:  | Telephone:  |

## **Section 2: Assessment items that you are not able to complete due to unforeseen circumstances (\*required)**

If you have already been offered a short extension (first submission point only) by the Module Leader please confirm when your new submission date is.

Please see the worked example on the first line of the table to see how to complete this section -

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Module Code** | **Item Code** | **Type of assessment****(e.g.: exam / essay / portfolio / presentation / TCT)** | **First or Second** **(\*Third for pre-Sept 23 only)** | **Assessment Date** | **Date of Extension (if module leader has granted this)** |
| PSY1001 | AS1 | Assignment (2,000 words) | First | 01/10/2023 | 14/10/2023 |
|  | Please select | ­ | Please select |  |  |
|  | Please select |  | Please select |  |  |
|  | Please select |  | Please select |  |  |
| ­­­ | Please select |  | Please select |  |  |
|  | Please select |  | Please select |  |  |
|  | Please select |  | Please select |  |  |
|  | Please select |  | Please select |  |  |

## **­­­Section 3: Reason for application (\*required)**

|  |
| --- |
| Choose the (one) category that is most relevant to your unforeseen circumstances: |
|[ ]  Illness, accident or severe trauma |
|[ ]  Deterioration of an ongoing illness or chronic medical condition |
|[ ]  Recent death of someone close­ |
|[ ]  Acute personal / emotional issues |
|[ ]  Accident / serious illness of a close relative |
|[ ]  Significant change to financial circumstances |
|[ ]  Significant change to employment or working conditions |
|[ ]  A significant change to the condition or circumstance of someone for whom you have a caring responsibility (e.g. Home-schooling) |
|[ ]  Victim of crime |
|[ ]  Pregnancy |
|[ ]  COVID / Self Isolation / National Lockdown |
|[ ]  Other- Please state: |

|  |
| --- |
| What were the unforeseen circumstances? |
| ­ |
| When did they occur (including specific dates)? |
|  |
| How did this prevent you from submitting your work/completing your exam? |
|  |
| Did you speak to a member of staff at the University, such as your Personal Tutor or a Mental Health Adviser? If so, what was the advice? |
|  |

**If you are providing evidence, please completed Section 4.**

**If you are self-certifying, please go to Section 5.**

## Section 4: Evidence (\*required if providing evidence)

|  |  |  |
| --- | --- | --- |
| Please list the evidence you have included to support your application | 1 |  |
| 2 |  |
| 3 |  |

|  |
| --- |
| Supporting Statement |
| You are advised to discuss your situation with your Personal Tutor / Module Leader / Programme Leader before submitting this application. We will accept supporting statements from:* A member of your course team
* A member of Student Services (e.g. Counselling and Mental Health/ASSIST)
* Employer
* Medical or Healthcare Professional/Social Worker
 |
| Please write the supporting statement here:  |
| Name:  | Signature:  | Date: |
| Position: |

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## **Section 5: Self-Certification** (\*required if using Self-Certification as evidence)

If you are not able to supply evidence, then you can self-certify by completing the table below.

Please be advised that you can only self-certify on **two occasions (two forms)** in an academic year and any further applications would need evidence to support them.

You can only self-certify for a 7-day period. If your unforeseen circumstances last longer than this, then you will need to provide evidence/supporting statement.

|  |  |
| --- | --- |
| First date that issues began to impact engagement with studies | Date:                         |
| Total number of calendar days affected (including weekends) |  ­­ |

## **Section 6: Declaration (\*required)**

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| I declare that information provided in my application is true and the evidence I have provided is genuine. I have read and understood the University of Northampton’s Mitigating Circumstances Leaflet. I understand that my application will not be considered if it is incomplete (e.g. assessment information, missing evidence or self-certification).Completed forms and supporting evidence should be sent via email to mitcircs@northampton.ac.uk |
| Signed:  | Date: |

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