**Section 1: Personal details**

|  |  |
| --- | --- |
| Your Name |  |
| Exam Number |  |
| Matriculation Number |  |
| Your programme of study |  |
| UG or PG |  |
| Your School |  |
| Year of study (e.g. 1st year) |  |

**Student’s responsibilities**

Please refer to the guidance and further information on special circumstances on the University’s dedicated webpages at: <https://www.ed.ac.uk/student-administration/extensions-special-circumstances>. Here you will find information on what a special circumstance is, the process for applying and links to other services that may be able to support you. Please read through this information **before** completing your special circumstances form.

Once completed, please submit this form by email to the Extensions and Special Circumstances Team at escteam@ed.ac.uk **.**

**Section 2: Courses affected by special circumstances**

For more guidance on how to complete this section, please refer to the service dedicated pages: <https://www.ed.ac.uk/student-administration/extensions-special-circumstances/continuing-students/special-circumstances-explained>

If you want to list more than three courses, please copy and paste the course information table.

**Course 1**

|  |  |
| --- | --- |
| Course Name | Course Code |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Name of School that owns course | Period(s) affected (say if ongoing) |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessments affected (one per line) | Assessment deadline | Assessment Submitted (Yes/No) | Have you already received any extra time for this assessment? (Yes/No) |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |

**Course 2**

|  |  |
| --- | --- |
| Course Name | Course Code |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Name of School that owns course | Period(s) affected (say if ongoing) |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessments affected (one per line) | Assessment deadline | Assessment Submitted (Yes/No) | Have you already received any extra time for this assessment? (Yes/No) |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |

**Course 3**

|  |  |
| --- | --- |
| Course Name | Course Code |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Name of School that owns course | Period(s) affected (say if ongoing) |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessments affected (one per line) | Assessment deadline | Assessment Submitted (Yes/No) | Have you already received any extra time for this assessment? (Yes/No) |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. |

**Section 3 :Nature of the special circumstances**

Choose a type of situation that most closely matches what has happened. Please tick all that apply.

|  |
| --- |
| Significant short-term physical injury |[ ]
| Significant short-term mental ill-health |[ ]
| A long term or chronic condition, which has worsened |[ ]
| Death or serious illness of someone close to you |[ ]
| A relationship breakdown |[ ]
| Exceptional (i.e non routine) caring responsibilities  |[ ]
| Experience of sexual harassment or assault |[ ]
| Experience of other types of assault |[ ]
| Victim of a crime |[ ]
| Military conflict |[ ]
| Natural disaster or extreme weather conditions |[ ]
| Other |[ ]

If ‘Other’, please provide a brief description:

Click or tap here to enter text.

**Section 4: Your situation and its impact**

By completing this section, you are letting us know what has happened and how it has affected your academic performance in assessments. Please refer to the guidance for more information on how to complete these sections: <https://www.ed.ac.uk/student-administration/extensions-special-circumstances/continuing-students/special-circumstances-explained>

|  |
| --- |
| **Provide a brief summary of your special circumstances situation**Describe the nature and seriousness of each case. Refer back to the dates and period affected from the information you provided in section 2. |
| Click or tap here to enter text. |
| **How have the circumstances affected your performance in assessments?**Please refer to specific Course Names and assessments. |
| Click or tap here to enter text. |

**Section 5: Supporting Evidence**

Please tick all that apply to indicate which forms of supporting evidence you are or will be providing.

|  |
| --- |
| Medical certificate |[ ]
| Evidence from professional service (internal or external to the University) e.g. counselling service or disability service |[ ]
| Death certificate or order of service |[ ]
| Written account from University staff e.g. Personal Tutor, Student Support Officer, Residence Life Warden |[ ]
| Written account from independent third party who directly witnessed the circumstance |[ ]
| Written account from student’s family or friend(s) who have directly witnessed the circumstances or their impact on the student’s wellbeing or ability to perform in assessment |[ ]

If possible, please include your evidence within this form by adding a new page to the document. Alternatively, you can email your evidence to the Extensions and Special Circumstances team at: escteam@ed.ac.uk. If you are e-mailing evidence to the team, please ensure you include your name, student number and school in the e-mail subject line.

You will need to let the Extensions and Special Circumstances team know once you have submitted all of your evidence.

|  |  |
| --- | --- |
| **Have you attached all of your supporting evidence to this form?** | Yes [ ]  |
| No [ ]  |
| **If you are still waiting to submit your full evidence, when do you expect to submit this evidence?** | Click or tap to enter a date. |
| **What will this evidence likely consist of?** | Click or tap here to enter text. |

|  |
| --- |
| **By signing and submitting this form you are agreeing that the information you are providing is, to your best knowledge, true and reliable.** |
| **Electronic signature** | **Date** |
| Click or tap here to enter text. | Click or tap to enter a date. |

Once completed, please submit this form by email to the Extensions and Special Circumstances Team at escteam@ed.ac.uk  **.**

**Section 6: Attachments for supporting evidence**

Please insert your available evidence on this page. You may use insert multiple pages as required.