**Exceptional Circumstances Form [TAUGHT AWARDS]**

**Request for BOARD CONSIDERATION of exceptional circumstances**

Please use this form if:

* You were unable to submit an assignment extension or exam postponement request before the assignment deadline/exam start time (and have a valid reason for the delay);
* Your circumstances have continued to have an impact on your performance in assessments beyond the assignment extension/exam postponement that has been granted;
* You completed your assessment before becoming fully aware of the impact of the circumstances.

*If you are reporting Circumstances prior to the hand-in date or examination date please refer to the ‘Extensions or Postponement’ request form available on* [*myHub*](https://evision.bournemouth.ac.uk/)*.*

*BU requires you to submit your request for consideration of your Exceptional Circumstances in a timely manner. You are not obliged to let us know of any circumstances, but if you do not tell us at the appropriate time, we cannot take them into consideration.*

*If you want the Assessment Board to consider your circumstances, you must submit the Board consideration request form before the published deadline,* ***even if you think you may have passed****.*

*Please refer to 6J- Exceptional Circumstances Policy and Procedure when completing this form.*

*You will need to save a copy of this form before it can be completed. If you have any issues accessing the document please contact your Programme Support Officer or contact askBU.*

*Please note that any reported Circumstances will only affect the elements of assessment impacted as stated in this form. If the reported Circumstances affect any future elements of assessment (including a reassessment of the same element) you will need to complete another form.*

***The completed form, with attached supporting evidence (where required) must be returned to your Programme Support Officer via e-mail. Please keep a copy for your own records. If you are requesting Board consideration on the basis of an illness for which you were self-certify, you must have already notified the university at the time of your illness. You cannot self-certify once the period of illness has passed.***

***Confidentiality:*** *We appreciate that your circumstances may be of a personal or sensitive nature. The information provided in this form and all evidence submitted in support will be handled in accordance with the relevant BU Data Protection Policy.*

***Need help completing this form?***

*Advice on completion of this form can be obtained from whomever you feel most comfortable approaching either:*

* *SUBU Advice (email* *studentadvice@bournemouth.ac.uk* *or phone + (0) 1202 965779)*
* *askBU (email* *askBUstudents@bournemouth.ac.uk* *or phone + (0) 1202 969696)*
* *Your Personal Tutor or*
* *A member of the programme support team*

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| **1. Student Details** |
| **Surname (Family Name)** |  | **First name** |  |
| **Student ID number** |  | **Level (0/3/4/5/P/6/7)** |  |
| **Programme** |  |
| **Programme Leader** |  |
| **Faculty** |  |
| **We will use your BU email address to communicate with you as standard. Please ensure that you have access to this and check it regularly for updates.**  |

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| **2. Reason for request for Board Consideration***Please tick any that apply* |
| a) I completed my assessment before becoming fully aware of the impact my circumstances have had on me |  |
| b) I was unable to advise my programme team about my circumstances before the assignment deadline(s) or date(s) of the exam(s) |  |
| **For (b) Please provide a valid reason as to why you were unable to inform the team here:** |  |
| c) Circumstances which I have previously informed my programme team of have affected me over and above the information I have previously provided to the programme team |  |
| **For (c) Please confirm the date you previously submitted circumstances and the outcome:**  |  |

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| **3. Assessment Details***Please provide details of all specific elements of assessment that you feel have been affected by your Exceptional Circumstances.* *(you can add more rows as appropriate)* |
| **Unit Name** | **Assessment type**  | **If an Extension or Postponement has already been granted please provide the date (or state ‘NA’)** |
| **Coursework/ Assignment title** | **Examination** |
|  |  |  |  |
| **Submission date:** |  | **Exam date:** |  |
|  |  |  |  |
| **Submission date:** |  | **Exam date:** |  |
|  |  |  |  |
| **Submission date:** |  | **Exam date:** |  |

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| **4. Exceptional Circumstances Details** **This section must be completed in full for all circumstances..**  |
| **Date the Circumstance started** |  | **Date the Circumstance ended (or state ‘ongoing’)** |  |
| **Nature of circumstances (please tick)** | Illness |  |
| Family Illness |  |
| Pregnancy related illness |  |
| Bereavement |  |
| Unforeseen travel disruption |  |
| Acute Personal difficulties |  |
| Other |  |
| **If ‘Other’ please state here:** |  |
| **Please explain clearly the details of the circumstances** |  |
| **How has this affected you personally?** |  |
| **What impact has this had on your academic performance?** |  |
| **In your opinion, do your circumstances constitute a disability?** | Yes / No | **If yes, are you registered with BU’s Additional Learning Support service?** | Yes / No  |

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| **5. Evidence****Please tick all that apply or provide specific details in ‘other’***The evidence you submit needs to support what you have outlined above AND provide us with evidence of how the circumstances have impacted your academic performance.* |
| I was self-certifying (for up to 5 days). If you were self-certifying, you must have notified the University at the time you were self-certifying and must provide evidence that you notified the university.If you are requesting Board consideration on the basis of an illness for which you were self-certify, you must have already notified the university at the time of your illness. You cannot self-certify once the period of illness has passed. |  |
| Letter from a medical professional (doctor, hospital etc.) who has been actively supporting you |  |
| Medical Certificate |  |
| Hospital appointment letter |  |
| Copy of your prescription/ medication labelling |  |
| Letter from professional service (e.g. social worker, therapist, solicitor) who have been actively supporting you |  |
| Letter from the Court |  |
| Letter from travel company |  |
| Letter from BU or External support services who have been actively supporting you |  |
| **Other, Please state:** |  |

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| **6. Declaration and check list** |
| By signing and dating below you are confirming that you have read and understood the following:* The Assessment Board will not raise your marks even if they agree that your circumstances are valid. You may be given the opportunity to be reassessed but this is not automatic.
* The University enters into communications with students in good faith and expects the same from our students in return. Any false declaration, fraudulent evidence received and/or dishonesty is taken extremely seriously by the University and could result in disciplinary action (under *11K-Student Disciplinary Procedure*) and in very serious instances, may lead to expulsion from the University.
* The University reserves the right to check the authenticity of any submitted documents and evidence.
* All documentation submitted to us will be handled in accordance with the relevant BU Data Protection Policy.
* Any evidence provided that contains the personal data of a third party is received by the University on the understanding that the student submitting this has gained approval from the third party for submitting this and for the University to handle and process this in line with the relevant BU Data Protection Policy.

I declare that the information given in this form and the accompanying evidence is, to the best of my knowledge, true and complete. I will be willing to answer further questions relating to the statements and/or the evidence that I have provided. |
| **Signed** |  | **Date** |  |
| **Student checklist (please tick to confirm)** |
| I have read and understood 6J – Exceptional Circumstances: Policy and Procedure |  |
| I have provided all information required within the form |  |
| I have submitted relevant evidence to support my Circumstances (where required), or have provided information to confirm when this will be provided |  |
| I have read and understood the information outlined in the Declaration and signed and dated this form. |  |

*Please return this form, with attached supporting evidence to your Programme Support Officer via e-mail. Please keep a copy for your own records.*