**Application for Consideration of Exceptional Circumstances**

This application form applies to students who are:

* undertaking a module or programme accredited by **The Open University**,
* undertaking a Spirometry module accredited by the **ARTP**,
* attending a workshop, including those accredited by CPD

Students undertaking a module or programme accredited by **The University of Hertfordshire (UH)** should refer to the guidelines on the UH website ([www.herts.ac.uk](http://www.herts.ac.uk)). To apply for a SAC please [click here](https://www.educationforhealth.org/sac-form-v1-0-september-2020-2-amended-for-short-courses3-002-002/).

If you are a UH student and would like a 10-day working extension, please complete the relevant form under units > student information > 10-day extension.

**Before submitting an application**, please ensure that:

1. The application is completed and submitted **by the student**, unless otherwise stated in a written confirmation,
2. You have read and understood our **Exceptional Circumstances Policy (**https://www.educationforhealth.org/learn-with-us/academic-courses/policies-and-procedures-for-students/)
3. **All** **fields** on the application form are completed,
4. **Supporting evidence** that meets the criteria outlined within the policy is provided as part of the application.

Failure to follow the above steps may result in a delay to the application process, or your application being rejected.

Please submit your completed Application for Consideration of Exceptional Circumstances form, **including evidence**, to the Academic Review Panel at:

[exceptionalcircumstance@educationforhealth.org](mailto:exceptionalcircumstance@educationforhealth.org)

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| --- | --- |
| **Your student information** | |
| First name |  |
| Family name |  |
| Student number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your contact information**  Please indicate how you would prefer to be contacted regarding the Academic Review Panel’s decision: | | | |
| By Email |  | Email Address |  |
| By Post |  | Postal Address |  |

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| **Module Students Only** | |
| **Please select ONE option from the list below:** | |
| Extension (up to 13 weeks after assessment submission date) |  |
| Deferral (up to 12 months after current module start date) |  |
| Exceptional resubmission attempt (only if you were unable to meet your resubmission deadline) |  |
| Practical assessment postponement (Spirometry modules **only**) |  |
| Extension to course access (Allergy and Spirometry modules **only**) |  |

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| **Your assessments** | | | | | |
| Module cohort code | Module title | Module start date | Type of assessment(s)  First attempt or resubmission/resit? | Date of practical examination or submission date(s) of coursework | Have you submitted this/these assessment(s)? |
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| **Programme (BSc (Hons) or DipHE) Students Only** | |
| **Please select ONE option from the list below:** | |
| Extension (up to 6 months from current programme registration expiry date) |  |
| Study Break (up to 12 months) |  |

|  |  |  |
| --- | --- | --- |
| **Your programme information** (available on your interim transcript) | | |
| Programme title | Programme registration date | Number of credits left to study |
|  |  |  |

Date of submission of this exceptional circumstances form:

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| --- |
| **Your exceptional circumstances** |
| Please set out clearly and concisely details of the circumstances that you believe have affected your academic performance: |
| Please provide the precise dates of the period(s) affected by your exceptional circumstances: |
| Please list the supporting evidence that you have attached to this form in support of your application (applications submitted without supporting evidence **will be rejected**, if you are submitting your evidence separately this must be received within 7 days):  **Please note: manager letters will not normally be accepted; see pages 8 to 9 of the Policy for details** **regarding appropriate evidence.** |

Student’s signature:

**By signing this application form, I confirm that I have read and understood the Exceptional Circumstances Policy.**