SEC	TION A: TO B	BE COMPLETED BY STUDENT						
1	PERSONAL AND CO	OURSE INFORMATION						
	Name (in full)	ID No.						
	Course Code	Course Title						
	Year of Study	Course/Subject Director						
	Campus	E-mail (University email address						
2	MODULE INFORMAT	MODULE INFORMATION						
	•	formation below for each module affected by extenuating circumstances . following notes carefully before completing this section:						
		sessment						

Module Code/ CRN Number	Module Title	Type and Date of Assessment (using above codes)		Type of Circumstance (using above codes)	Module Co-ordinator
		Туре	Date		
		,	1		

	TAI	LS OF E	XTENUATING	CIRCUMSTA	NCES – S	elf-certifica	ation OR Evide	ence based
i)		ture of D	-	Illnes	S	Other Pe	rsonal Circums	tance
	•	ase tick as ap	, ,					
ii) iii)	Α	bsence fr	which you we com Study as appropriate)	re affected				
	a)	Are you :	tification Optic self-certifying fo osence only?		p to ten wo	orking days	due to short-te	m
	b)	Were you	e based abser u absent from t ult of your exter	he University for				umstances)?
 c) *If 'YES' have you completed your Notification of Absence on the Student F NB a) and b) extended to ten days in 2020/21 due to impact of Covid 								Portal?
iv)			g Evidence for as appropriate)	absences of o	over five w	vorking day	/S	
	a)	Do you h	nave medical ce	ertificate(s) or o	other suppo	orting evider	nce?	
b) *If 'YES' is the evidence attached?								
If you are Self-certifying your absence under iii) a), or do not have the evidence								e required under iv
			uld explain belo Sontinue on a se				istances.	
EF	FEC	T OF EX	TENUATING C		CES			
i)			xplain the effec ents listed at pa					
ii)			tate what your d for coursewol		ome would	be (e.g. spe	ecify the length	of extension
I confirm that to the best of my knowledge the information given on this form is a true and accurate statement of my personal circumstances.								
	I agree to my information being referred to Student Wellbeing team to provide additional support if appropriate.							

Students of Computing, Engineering, Architecture and the Built Environment and Geography and Environmental Sciences ONLY submit form to the School Office.

SECTION B: TO BE COMPLETED BY PANEL/COURSE/SUBJECT DIRECTOR

Please complete the details below in relation to the evidence presented.

Module Code/ CRN Number	Consideration of Evidence (Tick as appropriate) Upheld Rejected			Panel/Course/Subject ector
			Signed	Date

- Retrospective EC1 Self-certification will not be accepted
- No more than 3 Self-certifications across a course will be accepted in an academic year

For EC1 Self-certification Monitoring Purposes

Is this the first Self-certification?

If YES - Provide details

If NO

How many previous Self-certifications have been submitted

Is there a recurring illness that requires evidence from a GP/medical practitioner?

Is there an attendance issue?

Is a referral to Student Wellbeing required?

Comments: Is this current Self-certification accepted?