

To be sent to: _____

Department: _____

**STUDENT SUPPORT SERVICES
EXTENUATING CIRCUMSTANCES SUPPORT FORM**

To be completed by student:

Surname _____ First Name(s) _____

Year of Study _____ Student ID No _____

Name of Tutor _____

**List and date all activities which have been affected by your
psychological/practical problems:**

If the period of difficulty described on this form affected an examination or significant piece of assessment (i.e. contributing to your progress to the next year or to your degree classification), please list the examinations or assessments which you believe were affected and give all relevant dates:

Please note you should be aware that applying for mitigations does not affect the overall module mark(s), although it may be taken into consideration when considering overall level of award.

Category 3 only

If you have an ongoing condition (category 3) your counsellor may be asked to send a letter to your head of School (or authorised nominee) explaining the extent of your condition and the impact which it is likely to have on your studies. Please sign and date below to indicate your consent for such a letter to be sent.

Student's Signature _____ **Date** _____

To be completed by advisor (please tick relevant category):

<input type="checkbox"/>	Category 1A: Minor Impairment – non clinical	
<input type="checkbox"/>	Category 1B: Minor Impairment – clinical	
<input type="checkbox"/>	Category 1C: Minor impairment at exam/significant assessment time	
<input type="checkbox"/>	Category 1D: Minor impairment lasting more than 2 weeks – clinical	
<input type="checkbox"/>	Category 2: Significant impairment	
<input type="checkbox"/>	Category 3: Ongoing significant impairment	
<input type="checkbox"/>	Category 4: Retrospective condition reported – this has no clinical evidence and so carries significantly less weight	
		Dates:
<input type="checkbox"/>	Category 4A: Retrospective minor impairment	From _____ To _____
<input type="checkbox"/>	Category 4B: Retrospective significant impairment	From _____ To _____
<input type="checkbox"/>	Category 4C: Retrospective significant and ongoing impairment	From _____ To _____

Notes:

Practitioner's Signature _____ **Date** _____

Practitioner's Name (printed)

Service Stamp:



This form is NOT valid without a Student Support Services stamp

Notes

Students should fill in their personal and course details BEFORE seeing counsellor/specialist. This form should be given to your Head of School/Department or their nominee as soon as practical.

Action taken by the School/Department in response to this form (e.g. given extra week to complete work, excused essay etc)

Signature of Schools Officer _____ **Date** _____

NB: Advisor to take photocopy of this page after completion of mitigation category and attach to student's records.