

# SPECIAL CIRCUMSTANCES FORM (MSc)



<b>MATRIC NO:</b>	<b>EXAM NO:</b>	<b>SC REF No (Internal Use)</b>	<b>PROGRAMME:</b>	<b>OWNING SCHOOL:</b>
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## FURTHER INFORMATION:

<b>COURSES AFFECTED</b>	
<i>List all courses affected by the SCs in the view of the student.</i>	
<i>Course Title (and code if known)</i>	<i>Owning programme or board of examiners</i>

**STUDENT'S CONSENT:** *I Agree To Information On The Nature Of The Special Circumstances As Set Out In This Form being shared with the Special Circumstances Committee or Exam Board if necessary subject to the following restrictions if any:*

Student's Signature..... Date: .....

*Programme directors must confirm that they have consent from the student, by email, to present the information regarding special circumstances to the relevant Boards of Examiners.*

Or: I have obtained consent (written or by email) from the student to the statement in the previous section.

**Signed:** Programme Director Date:

## Nature Of Special Circumstances

*Please tick the most appropriate boxes to record the nature of the Special Circumstances:*

Physical illness or injury.	<input type="checkbox"/>
Depression or similar mental or emotional illness <i>Excluding conditions for which formal adjustment has already been made.</i>	<input type="checkbox"/>
Specific learning difficulty <i>Excluding conditions for which formal adjustment has already been made.</i>	<input type="checkbox"/>
Bereavement or serious illness of a person with whom the student has a close relationship.	<input type="checkbox"/>
Bereavement / illness where the impact or relationship with the person is less direct.	<input type="checkbox"/>
Serious financial, accommodation or similar problems.	<input type="checkbox"/>
Other personal or domestic circumstances which might have had an impact on the student's academic performance. <i>Examples: end of relationship, assault, burglary.</i>	<input type="checkbox"/>
Events which diverted the student from studying for a specific period, but did not cause significant emotional upset.	<input type="checkbox"/>

<b>OTHER</b> (please specify)	
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**Summarise the Special Circumstances, as briefly as possible.**  
*Describe the nature duration and seriousness of each case. State how the student considers the circumstances affected hi;/her performance. Please be as specific as possible. Continue on a separate sheet if necessary.*

**DATES**

Date first reported to PD:	
Date(s) documentary evidence received:	
Period(s) covered by medical certificates:	
Period(s) during which the student was affected:	

**SOURCES OF EVIDENCE** : Please tick all that apply

*Students should submit an email to their PD outlining how the student considers the circumstances affected his/her performance.*

Student	<input type="checkbox"/>
PD's assessment	<input type="checkbox"/>
Medical Certificate	<input type="checkbox"/>
Letter from parent, etc.	<input type="checkbox"/>
Evidence from other University staff	<input type="checkbox"/>
Documentary evidence from other professional, e.g. counselling service (please state who)	<input type="checkbox"/>
<i>All documents (originals or photocopies) which the PD and student agree are necessary and appropriate, should be submitted to the programme secretary with this form as an Appendix with numbered pages.</i>	<input type="checkbox"/>

**Programme Director's comments**

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**THIS FORM MUST BE FORWARDED TO ALL BOARDS OF EXAMINERS LISTED ON THE FIRST PAGE.**

**RECOMMENDATIONS AND DECISIONS** (COMPLETED BY SCC/BOES)

The following Courses/elements of study were affected as follows:	MAJOR	MODERATE	MINOR	NONE
Study of the following courses:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elements of Coursework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACTION REQUIRED:**

The following actions were recommended as follows:	Exemption from CW/EXAM	Adjust final course mark	Null Sit	No action
COURSE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COURSE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COURSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:				

**Signed:**  
**Chair, Exam Board**

**Date:**