



University College Dublin

Application Form for Extenuating Circumstances

A. Personal Information			
Student Name		Student Number	
Telephone Number		UCD Connect E-mail Address	
Degree Programme		Stage	

B. Requested Action

By making an application for Extenuating Circumstances, you are requesting one of the following outcomes for each module named. You may specify different outcomes for different modules where the reasons for this are explained in your accompanying documentation.

- Outcome 1** That my special circumstances are taken into account by the Programme Examination Board in determining my final grade(s) in the module(s) listed below.
- Outcome 2** That I wish to have specific components of the module(s) listed below assessed on a further occasion, without academic penalty (IX Grade).
- Outcome 3** That I wish to withdraw without academic penalty from the module(s) listed below and attempt the module(s) fully when next offered or substitute with another module if permitted (WX Grade).

Please list the modules and tick the appropriate outcome box per module you are requesting. Please ensure that the correct modules codes are given.

Module Code and Title	Outcome 1 - Circumstances taken into account	Outcome 2 - IX Grade Opportunity to complete later	Outcome 3 - WX Grade Withdrawal sought

Student Signature: _____

Date: _____

Print name _____

C. Nature of your extenuating circumstances.

Please describe the circumstances (use an additional page appended to this form if necessary). Please be specific as to the impact of these circumstances on your academic performance. Your confidentiality is assured. Only those people who will consider your circumstances will have sight of this form. **Appropriate original supporting evidence must be supplied.**

Please tick the box below which best describes your extenuating circumstance:

The University requires that these circumstances are confirmed by the professional indicated in each case below. Appropriate original supporting evidence must be supplied. Supporting evidence is non-returnable. Where appropriate, please ask the professional providing supporting evidence to be as specific as possible in outlining the impact of your circumstances on your ability to meet the demands of your academic programme.

<input type="checkbox"/> Physical illness, injury, accident or hospitalisation	Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional, registered counsellor/ psychotherapist or psychologist.
<input type="checkbox"/> Family illness (Specify relationship)	Appropriate original supporting evidence must be supplied by a registered medical practitioner or other health professional.
<input type="checkbox"/> Bereavement (Specify relationship)	Appropriate original supporting evidence must be supplied.
<input type="checkbox"/> Other personal or emotional circumstances	Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional or student support professional*.
<input type="checkbox"/> Victim of crime	Section D must be completed by a member of An Garda Síochána, or use the previous option if the crime has resulted in serious personal or emotional circumstances.
<input type="checkbox"/> Other, please specify: _____	Appropriate original supporting evidence must be supplied.

* A student support professional is one of the following: a UCD Student Adviser; a member of the UCD Access/New ERA or Disability Support Service staff; an official UCD student counsellor or a UCD Chaplain.

D. Supporting Evidence

Supporting Evidence Provided: YES NO

Supporting evidence from one or more of the following competent professionals must be included. Please note that original documentation must be supplied and is non-returnable. It is recommended that you retain a copy of the application and evidence for your records. Documentation should be confined to the facts of the case and the nature of the impact only.

Please indicate the source of the supporting evidence you are attaching to the application:

- Medical Practitioner
- Garda
- Other health professional (please specify) _____
- UCD Student Support professional
- Other (please specify) _____

E. Student Declaration

I confirm that I have read and understood the Student Guide and that the information given in this form is true and factually correct. I confirm that this information may be disclosed, where necessary, to academic and administrative staff of the University involved in determining my grades. I understand that this form refers to modules taken in the Current Semester only.

Print name: _____ Signed: _____

Date: _____

**F. Received by the Programme Office for applications from Undergraduate students
School Office/Programme Office for applications from Graduate students (as
appropriate)**

Office _____ Signed: _____

Print name: _____ Date: _____

Check List

Extenuating Circumstances refer to cases of serious **unforeseen** and/or **unpreventable** circumstances. Before submitting an application, remember to ask yourself “would one expect these circumstances to directly negatively affect the performance of anyone who encountered them?”

Please make sure that the following have been completed prior to submitting the form:

- A** Personal Information completed

- B** Requested Action (Consideration, WX grade, IX grade) specified
Give details of Assessments missed if appropriate
Informed the Schools and stated the Schools’ action taken or suggested
Remember: Module Codes **AND** Module Titles must be entered

- C** Nature of your Extenuating Circumstances described

- D** Supporting Original Evidence from a competent professional provided
Remember: Supporting evidence is non-returnable

- E** Signed **AND** dated

A photocopy of the Front Page of the application, signed or stamped by a Programme Office staff member may be given to the student as a receipt

It is the responsibility of the student to ensure that this form is submitted to the relevant Programme Office within the permitted timeframe.

Students are encouraged to submit applications as soon as possible after the occurrence of the circumstances outlined in the application. However, applications must be received within 5 working days of the end of the semester examination period.

Applications received after the submission deadline will not normally be accepted.

For further guidance on completing this form, please refer to the “Student Guide to the Policy on Extenuating Circumstances

http://www.ucd.ie/registry/academicsecretariat/pol_ext_circum_gn.pdf