**Extenuating Circumstances Form**

Extenuating Circumstances refer to cases of serious unforeseen or unpreventable circumstances.

To apply for consideration of extenuating circumstances, you should submit this completed form to the Secretary of your School, or to the Head of Department (or their nominee) who is responsible for managing the module the study of which has been affected by your extenuating circumstances. You must also provide supporting evidence if required at this stage.

Before completing this form, please refer to the Extenuating Circumstances Policy on the NCAD website.

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| Personal Information | | | |
| **Student name** |  | **Student ID** |  |
| **E-mail address** |  | **Phone number** |  |
| **Programme** |  | **Stage** |  |

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| Nature of your extenuating circumstances **Please describe your circumstances**. 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.** | | | | |
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| **Please tick the box below which best describes your extenuating circumstance**  In cases of illness, injury, accident or hospitalisation, appropriate supporting evidence must be supplied by a registered medical practitioner, health professional, registered counsellor, psychotherapist or psychologist.  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.  Where a crime is involved, evidence of reporting the crime to the Garda Síochána must be submitted. | | | | |
| Physical illness, injury, accident or hospitalisation | |  |
| Family illness (specify relationship): |  |  |
| Bereavement (specify relationship): |  |  |
| Other personal or emotional circumstances | |  |
| Victim of crime | |  |
| Other, please specify below: | |  |
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| **Please indicate the impact of these special circumstances on your work**  Complete the dates for one or both of the statements below. | | | | |
| I was unable to attend scheduled classes or learning activities or to take an examination or assessment. | From |  | To |  |
| My capacity to work and study was affected. | From |  | To |  |
|  | | | | |
| **Please add any clarification or explanation regarding the above impacts.** | | | | |
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| **Details of assessments affected (if applicable)**  Please complete the table for each assessment affected. | | |
| Module title | Type of assessment missed, e.g. mid-term exam, crit, assignment submission, essay etc | Date of assessment or due date |
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| Student Declaration | | | | |
| I confirm that I have read and understood the Extenuating Circumstances Policy 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 NCAD involved in determining my grades.  I understand that this form refers to modules taken in the current semester only. | | | | |
| **Student’s name** |  | | |
| **Student’s signature** |  | **Date** |  |

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| It is the responsibility of the student to ensure that this form is submitted to the School Secretary or Head of Department (or nominee) 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 no later than 10 days after an assignment or project submission date or an exam date.  **Applications received after the submission deadline will not normally be accepted.**  For further guidance on completing this form, please refer to the Extenuating Circumstances Policy on the College website: [www.ncad.ie](http://www.ncad.ie) |

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| Received by Head of Department (or nominee) or School Secretary | | | | | | | | |
| **Name of Head of Department (or nominee) or School Secretary** | |  | | | | | | |
| **Signature of HoD** (or nominee) **or SS** |  | | | | | | **Date** |  |
| **Supporting documentation included** | | Yes |  | No |  |

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| School Exam Board | | |
| **Date of School Exam Board** |  |

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| Decision of the School Exam Board | |
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| **Name of School Exam Board Chair** |  |
| **Signature of School Exam Board Chair** |  |

The decision of the School Exam Board should be communicated to Student Services and to the NCAD Exam Board as soon as possible, and at the Pre Exams Board at the latest.