A Guide for Extenuating Circumstances
This process is to allow you to bring to the attention of your Programme Chair/ Progression and Award Board where you have experienced issues or problems (extenuating circumstances) that impact on your ability to complete assessment or attend examinations.

If you have a disability or learning difficulty you should register with the Disability Service at the beginning of Semester and these circumstances will be facilitated through ongoing supports and should not be included as extenuating circumstances.

This form should be completed and returned to the Student Awards Team in the Registry (or to National Institute for Digital Learning (NIDL) for Open Education students) in accordance with the dates on the form and the Academic Calendar, in order for your circumstances to be considered by the Programme Chairperson/Progression and Award Board. If your form is not submitted by this deadline, it may not be possible for the Progression and Award Board to consider your circumstances.

In submitting this form, you are applying for your module assessments as possibly being recorded as deferred or ill. All relevant sections must be completed legibly. You should provide personal details in Section A, details of the circumstances in Section B and details of the assessments affected in Section C.

It is essential that the form is accompanied by relevant supporting documentation to evidence your application. Failure to supply this will prevent your form from being considered. The nature of the documentation/evidence is detailed on the form.

All students have the right to appeal the decisions of a Progression and Award Board under specified grounds. However, if you have not submitted extenuating circumstances prior to the Progression and Award Board meeting, your appeal may be rejected unless the Appeals Board finds that there were valid reasons for non-submission.

Please note, this process cannot be exercised by Postgraduate Research (PGR) Students.

Your submission will be treated as strictly confidential.

Dublin City University is not responsible and shall not be bound by errors in or omissions from this publication; the University reserves the right to revise, amend, alter or delete programmes of study and academic regulations at any time by giving such notice as may be determined by Academic Council in relation to any such change.
Extenuating Circumstances Form – R30

Submit to: Student Awards Team, Registry, Open Education students submit to NIDL

Time frame: For Semester 1 modules before 4.00pm on Thursday 25th January 2018
For Semester 2/year long modules before 4.00pm on Thursday 24th May 2018
For Resits/Summer modules before 4.00pm on Tuesday 28th August 2018
(Forms submitted after this date may not be considered at the relevant progression and award board meeting and may be subject to the appeals process)

All relevant sections of this form must be completed, legibly.

**Section A: Student Details**

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<tr>
<th>Surname:</th>
<th>First Name:</th>
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<tr>
<th>Student ID Number:</th>
<th>DCU Email Address:</th>
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<th>Programme of Study:</th>
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<td>(State whether 1st, 2nd, 3rd Continuous, etc.)</td>
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**Section B: Details of Extenuating Circumstances**

Please tick the box below which best describes your extenuating circumstances: The University requires that these circumstances are confirmed by the professional indicated in each case below. **Appropriate original supporting evidence must be attached to this form.** Supporting evidence is non-returnable.

- Illness, injury, accident or hospitalisation
  - Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional, registered counsellor/psychotherapist or psychologist

- Family illness
  - (specify relationship)
  - Appropriate original supporting evidence must be supplied by a registered medical practitioner or other health professional

- Bereavement
  - (specify relationship)
  - Appropriate supporting evidence must be supplied

- Other personal or emotional circumstances
  - Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional or Student Support professional

- Victim of Crime
  - Supporting evidence must be provided by a member of An Garda Síochána, or use the previous option if the crime has resulted in serious personal or emotional circumstances

- Other, please specify
  - __________________________
  - __________________________
  - Appropriate original supporting evidence must be supplied.

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**Data Protection Notice:** Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the Registry Data Protection Notice, which can be viewed at the following website address: [https://www.dcu.ie/registry/data-protection-notice.shtml](https://www.dcu.ie/registry/data-protection-notice.shtml) Revised August 2018
Period affected by the circumstances
From ___________________________ To ___________________________

Please summarise briefly and concisely the nature of the extenuating circumstances. You may attach an additional sheet if necessary

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

Section C: Details of Examinations/Assessments Affected

*Please note that in the case of continuous assessment, the dates of the supporting documentation must be relevant to the submission date of the assessment.*

<table>
<thead>
<tr>
<th>Module Code</th>
<th>Module Title</th>
<th>Type of Assessment (e.g. CA, Exam etc)</th>
<th>Date of Exam or Submission of Assessment</th>
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I confirm that the information given in this form is true and factually correct. I understand that this information may be disclosed, where absolutely necessary, to academic and administrative staff of the University directly involved. I confirm that I have attached the appropriate supporting documentation.

Student’s Signature: ___________________________ Date: ___________________________

(Once completed, please return form to Student Awards Team in the Registry or NIDL for Open Education Students)

To be completed by Programme Chair at Internal Review Meetings (PBERCs):

**) Action taken**

Recorded Ill ☐ Recorded Deferred ☐ Refer to PAB ☐

Considered but no change required ☐ Considered and Rejected ☐

Chairperson Signature: ___________________________ Date: ___________________________

Programme Chairperson

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