

Extenuating Circumstances Form – R30

Contents

- 1. Guide for Extenuating Circumstances
- 2. Extenuating Circumstances Form

1. 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 & Learning Support Service (DLSS) 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 the Open Education office (for Open Education Students only) 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. The recognition of extenuating circumstances does not normally result in the awarding of additional marks to your grade. 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.

Important Information: If a deferral is proposed or applied for, you are still liable for full fees.

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.

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 **Revised March 2020**



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•Student Awards, Registry – If sending by email please refer to the following webpage

2. Extenuating Circumstances Form

Submit To:	for specific contact details: https://www.dcu.ie/registry/contact.shtml#edec •Open Education office (for Open Education Students only)					
Deadlines:	Semester 1 modules before 4.00pm on Thursday 23 rd January 2020 Semester 2/year long modules before 4.00pm on Thursday 21st May 2020 Resits/Summer modules before 4.00pm on Tuesday 25 th August 2020					
NOTE: 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						
Surname			First Name:			
Student ID Number:			DCU Email Address:			
Programme of Study:			Year of Study:			
requires that these circuitation Appropriate original sureturnable. Illness, injury, a hospitalisation Family illness	Illness, injury, accident or hospitalisation Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional, registered counsellor/psychotherapist or psychologist Appropriate original supporting evidence must be supplied by a Appropriate original supporting evidence must be supplied by a registered medical practitioner or other health professional.					
Bereavement (specify relations	.,	Appropriate supporting evidence must be supplied				
Other personal circumstances	or emotional	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 s	pecify	Appropriate original supporting evidence must be supplied.				
Period affected by the circumstances:			From:	То:		

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Please summarise briefly and concisely the rationale for your application.						
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.						
Module Code	Module Title	Type of Assessment (e.g. CA, Exam etc)	Date of Exam or Submission of Assessment			
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 Si	gnature.	Date:	-			
		upporting documentation to the Student	Awards Team in the Registry or the			
Open Education office (for Open Education Students only). <u>By email, please refer to</u> https://www.dcu.ie/registry/contact.shtml#edec for specific submission contact details.						
Section D: Action by Programme Chair						
To be completed by Programme Chair at Internal Review Meetings (PBERCs)						
Action taken (please tick the relevant box):						
Re	corded III	Considered but n	o change required			
	corded Deferred		Considered but no change required Considered and rejected			
	fer to PAB		-j			
Chairperson	Signature:					
	(Programme Chairpe	rson)				

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