Nottingham Trent University logo

# Student self-certification form

Use this form to self-certify that short-term illness will prevent you from submitting coursework or attending an assessment event such as an exam, presentation or other assessment under timed or other conditions.

Short term illness means that you have been unwell for up to 7 calendar days. If you have been unwell for more than 7 calendar days then you need independent evidence in the form of a note from your doctor or pharmacist.

This form can be used to support [Notification of Extenuating Circumstances (NEC) applications](https://www.ntu.ac.uk/apps/academic_appeals) submitted in the 7 calendar days up to or after the assessment deadline or in the seven calendar days before the start time of the assessment event.

You should explain your illness and how it impacted on your ability to complete the assessment. Not providing this information may mean your request is not upheld.

If you need any advice or guidance please contact your School Administration Office.

|  |  |
| --- | --- |
|  |  |
| Full Name |  |
| NTU Student ID |  |
| Email address |  |
| School |  |
| Level of study  (undergraduate or postgraduate) | Please not that this form does not apply to, and should not be used by, postgraduate research students |
| Course title/code |  |
| Year of study |  |
| Student route visa holder | Yes/no |
| Confirm the dates you were unwell | From: (DD/MM/YYYY) to (DD/MM/YYYY) |
| Describe your illness and how it impacted upon your ability to complete the assessment |  |
| Did you receive any medical advice or treatment for this illness? | Yes/no  If yes, please provide the name and address of the doctor or medical practitioner who provided it: |

By signing this form you confirm that you understand the following:

* This form should be submitted with your Notification of Extenuating Circumstances (NEC) application.
* Your NEC will be reviewed by the NEC contact or Panel. Submitting this form does not guarantee that your application will be upheld.

You have considered how you will manage your workload should you be given the opportunity to attempt this assessment at a future assessment point.

|  |  |
| --- | --- |
| Confirmation |  |
| Signature |  |
| Date |  |