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# NOTIFICATION OF EXTENUATING CIRCUMSTANCES APPLICATION FORM 2022-23

Please submit this form with your supporting documentation to your School Administrative Office. To check your School’s contact details, you can phone the University at 0115 941 8418.

**Important:** NECs have strict timelines and if you have missed a specific exam or coursework deadline you must submit an NEC within **5 working days** of that assessment event. For more information, please see the NEC webpage: <http://www4.ntu.ac.uk/current_students/resources/student_handbook/notification_of_extenuating_circumstances/index.html>

For further support or clarification on any aspect of the NEC process, please speak with your Subject Administrator in the first instance. You can also seek independent advice from the NTSU Information and Advice Service here: <http://www.trentstudents.org/ias>

For additional support you can contact the University’s Student Support Services at [student.support@ntu.ac.uk](mailto:student.support@ntu.ac.uk) or 0115 848 6880. A wide range of services, including Health and Wellbeing support, is available to all students. See here for more details: <http://www4.ntu.ac.uk/student_services/health_wellbeing/index.html>

1. **Personal Details**

|  |  |
| --- | --- |
| **NAME:** |  |
| **NTU STUDENT ID:** |  |
| **EMAIL ADDRESS:** |  |
| **SCHOOL:** |  |
| **LEVEL OF STUDY** (undergraduate or postgraduate): |  |
| **COURSE TITLE/CODE:** |  |
| **YEAR OF STUDY:** |  |
| **RESIDENCY STATUS** (home or overseas): |  |

1. **Notification of Extenuating Circumstances Details**

**Describe your circumstances:**

Please describe the issues that have led to you making this submission.

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**Request an outcome (please pick one):**

|  |  |
| --- | --- |
| **Extension** |  |
| **Next assessment point** (to be assessed at the next available exam date/  coursework submission) |  |
| **Other** |  |

**Describe the outcome you are seeking:**

Please outline the support you require. If you selected ‘Other’ above, please ensure you describe the outcome in detail.

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1. **Further Circumstances**

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| --- | --- | --- | --- |
| **When did your circumstances affect your studies?** | Start date  DD/MM/YYYY | | End date  DD/MM/YYYY |
| **Is this an ongoing issue?** |  | | |
| **Are your circumstances due to a disability or long term health condition which has occurred for 12 months or more?** | | (Yes or No) | |
| **Have you approached (or do you intend to approach) Student Support Services for additional support?** | | (Yes or No) | |

**Is there any more information that you have previously submitted to us, or which is missing, that you would like us to consider alongside this Notification of Extenuating Circumstances?**

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1. **Assessments in the Academic Year you wish to be reconsidered**

Please identify below the modules and assessments which have been affected by your circumstances.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Module Title** | **Assessment Name**  (eg, coursework, exam, phase test etc. Not the title of an essay) | **Due Date** | **Did you submit the work or complete the exam?** (yes or no) | **Any further details?** |
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1. **Supporting Documents**

Please give a brief description of each document you are attaching with your application.

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| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |

(Continue on an additional sheet if necessary)

1. **Statements of Consent**

False Claims

The following statement is mandatory: Submission of false or fraudulent documentation is an offence which will be dealt with under the University’s Academic Irregularities and/or the Student Code of Behaviour regulations. The University reserves the right to check on the validity of the evidence and document(s) submitted by contacting third parties directly.

I confirm that the information I have provided in this application is true and accurate.

Confidentiality Statement

I agree to this information being made available to the following:

* The Notification of Extenuating Circumstances Contact (NECC)
* The Notification of Extenuating Circumstances Panel (NECP)
* The Chair of the Board of Examiners or Progression Board
* Any such others that are necessary for the proper consideration of my application.

By submitting this application you confirm that all information is correct and all relevant documents have been attached.

I agree to the above.

Data Sharing

If your NEC is upheld, please note that we may need to share information as appropriate and on a need to know basis to enable your course team to support your studies.

I understand the statement above.

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| **Signature:** |  |
| **Date:** |  |

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**FOR OFFICE USE ONLY**

|  |  |
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| **Date NEC Received in School Office** |  |
| **NECC Allocated** |  |
| **NECC Decision** |  |
| **NECP Decision (if referred to NECP)** |  |
| **Date Student Notified of Decision** |  |

**Notification of Extenuating Circumstances Application Receipt**

If the application is submitted in person, please detach this page for the student’s records.

|  |  |
| --- | --- |
| **Date Application Received** |  |
| **Received by (Staff Member Name)** |  |
| **Signature of Staff Member** |  |