# EXTENSION REQUEST FOR ASSESSMENT

This form **along with supporting evidence,** should be submitted to your Student Office as soon as possible. Extension request forms must be submitted before the assessment the deadline, ideally at least 48 hours in advance. If you have missed the deadline please refer to the special considerations regulations using the link below. When completing this form please refer to the Regulations Governing Special Considerations (including Deadline Extension Requests) for all Taught Programmes and Taught Assessed Components of Research Degrees <http://www.calendar.soton.ac.uk/sectionIV/special-considerations.html>

Additional advice and guidance can be provided by your Director of Programmes, Programme Lead, Personal Academic Tutor, Senior Tutor, the SUSU Advice Centre <https://www.susu.org/support/advice-centre.html> and Enabling Services <https://www.southampton.ac.uk/edusupport>

The information provided will be used in accordance with the University’s [Student Privacy Notice](https://www.southampton.ac.uk/studentadmin/student-admin/privacy-notice.page).

### Your details

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Family/Surname |  |
| Student ID |  | Programme Title |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your Application | | | | School use only | |
| Module Code | Title of module and piece of assessment | Published deadline | Requested extension deadline | Granted  Y/N | New submission date |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Staff name |  | |
|  |  |  | Staff signature |  | |

### Your Circumstances

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Period Affected | | Date From: |  | | Date to: | |  | |
| Please describe your circumstances and how they have impacted upon you | | | | | | | | |
|  | | | | | | | | |
| Is supporting evidence supplied (circle choice)  *It is your responsibility to ensure that all documentation to support the application is attached. This can be in a sealed envelope.* | | | | | Yes | | | No |
| Description of supporting evidence (e.g. medical certificate, letter from Support Services, police report) | | | | | | | | |
|  | | | | | | | | |
| Signature: |  | | | Date: | |  | | |

#### Self Certification Form

Please complete this part where:

* You have suffered an illness lasting one to five consecutive working days for which you did not or could not seek medical advice

Or

* You have experienced some other extenuating circumstance where you are unable to provide any other evidence

Please meet with your Personal Academic Tutor, Senior Tutor, Programme Lead or Director of Programmes as they must sign this form to confirm they have met with you to discuss your circumstances.

In completing this form please refer to the Regulations Governing Special Considerations (including Deadline Extension Requests) for all Taught Programmes and Taught Assessed Components of Research Degrees <http://www.calendar.soton.ac.uk/sectionIV/special-considerations.html>

Additional advice and guidance can be provided by the Students’ Union Advice Centre <https://www.susu.org/support/advice-centre.html> and Enabling Services <https://www.southampton.ac.uk/edusupport>

### Your details

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Family/Surname |  |
| Student ID |  | Programme Title |  |

### Your Circumstances

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period Affected | Date From: |  | Date to: |  |
| Please describe your circumstances and how they have impacted upon you | | | | |
|  | | | | |

### Your Signature

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that the information I have given on this Self-Certification form is correct to the best of my knowledge and give consent for this information to be processed by the University to enable it to consider my request for an extension. | | | |
| Signature: |  | Date: |  |

## Staff Signature

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that I met with the student to discuss the circumstances outlined in this form | | | |
| Name: |  | Role: |  |
| Signature: |  | Date: |  |