

For office use only

UNIVERSITY OF LIVERPOOL Received by SO – Signed _____

Date submitted by student ___ / ___ / 2017

Added on Student list 🖵

Informed staff ___ / ___ / 2017 Decision received D

APPLICATION FOR LATE SUBMISSION OF COURSEWORK OR AFFECTED/MISSED COURSEWORK

FULL NAME		
STUDENT ID		
PROGRAMME OF STUDY (e.g. G400)		
YEAR OF STUDY	Year 1 Year 4 Year 2 MSc Year 3	SEMESTER D1 st 2 nd Please tick

If you are experiencing extenuating circumstances around the time of a coursework submission deadline please contact your department/school to discuss the possibility of an extension to the deadline. This will only be granted on the basis of medical grounds or other exceptional circumstances and requires the permission of the Head of Department/School (or his/her nominee). A valid Doctor's certificate or other acceptable evidence will be required to verify illness; self-certification is not adequate (see CoPA Appendix M Annexe 1: Policy on Extenuating Circumstances: Guidelines for Staff and Students at https://www.liverpool.ac.uk/aqsd/academic-codes-of-practice-on assessment/).

Details of your extenuating circumstances

Please provide a <u>detailed</u> description of the extenuating circumstances that are affecting your ability to submit on time, including the time-period over which these circumstances are/have been occurring. It is <u>important</u> to provide as much information as possible for your Head of Department (or their designated nominee) to consider your application.

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Supporting documentation

Please list all the supporting documentation of your claim and all documentation should be stapled to this form. Medical claims should be supported by a GP's medical note or Consultant's report, other claims should be supported by appropriate documentation (for example, police reports, insurance reports). It is <u>important</u> to be specific with your evidence. Examples of the type of evidence that the Committee may expect to see are provided in the CoPA Appendix M Annexe 1: Policy on Extenuating Circumstances: Guidelines for Staff and Students at https://www.liverpool.ac.uk/agsd/academic-codes-of-practice/code-of-practice-on assessment/

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MODULES AFFECTED BY EXTENUATING CIRCUMSTANCES FOR WHICH THE DEADLINE EXTENSION IS REQUESTED

Module Type or name of assessment Original Period of Agreed date Missed Affected task e.g. Code deadline extension for Essay 1, Assignment 1 dd/mm/yy requested submission dd/mm/yy dd/mm/yy / 2017

Please list each assessment separately

Student declaration

I confirm that all the information contained in this statement is accurate and complete to the best of my knowledge. I consent to the information being used by the Head of Department (of designated nominee), and understand that the information will be treated in the strictest confidence.

Signature of student: Date:

FOR USE BY THE STUDENT OFFICE

Claim accepted by the Module Co-ordinator: old D Yes old D No

I recommend that the following action be taken in respect of this claim:

Extension request granted	Resit within the semester	□ Not accepted
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Assessment worth less than 20%	, Learning Outcomes will be covered by other assessments
Signature:	Date: