



Oakswood College

Empowering Through Education



Extenuating Circumstances

Request Form

PROMOTING EXCELLENCE • ENSURING COMPLIANCE
SUPPORTING OUR COMMUNITY



GOVERNANCE



QUALITY



COMPLIANCE



EXCELLENCE

www.oakswoodcollege.co.uk

Appendix A – Extenuating Circumstances Request Form

Student Name:		
Student Id:		
Programme:		
Module:		
Assessment Affected:		
Deadline / Date:		
Date Submitted:		
Nature Of Circumstances:		
Period Affected:		
Evidence Attached:	Yes <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list evidence (expand list as necessary):	1.	
	2.	
	3.	
	4.	
	5.	
Requested Remedy:		
Declaration:	I confirm that the information provided is accurate and complete to the best of my knowledge, and that any supporting evidence submitted is authentic.	
Signature:		Date:
EXTENUATING CIRCUMSTANCES BOARD - FOR COMPLETION BY OAKSWOOD COLLEGE:		
Decision:		
Reason for Decision:		
Board Outcome:	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>



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Communication Date:	
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