



**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 important 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/aqsd/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**

Please list each assessment separately

Module Code	Type or name of assessment task e.g. Essay 1, Assignment 1	Missed	Affected	Original deadline dd/mm/yy	Period of extension requested dd/mm/yy	Agreed date for submission dd/mm/yy
		<input type="checkbox"/>	<input type="checkbox"/>	__ / __ / 2017	__ / __ / 2017	__ / __ / 2017
		<input type="checkbox"/>	<input type="checkbox"/>	__ / __ / 2017	__ / __ / 2017	__ / __ / 2017
		<input type="checkbox"/>	<input type="checkbox"/>	__ / __ / 2017	__ / __ / 2017	__ / __ / 2017
		<input type="checkbox"/>	<input type="checkbox"/>	__ / __ / 2017	__ / __ / 2017	__ / __ / 2017
		<input type="checkbox"/>	<input type="checkbox"/>	__ / __ / 2017	__ / __ / 2017	__ / __ / 2017
		<input type="checkbox"/>	<input type="checkbox"/>	__ / __ / 2017	__ / __ / 2017	__ / __ / 2017
		<input type="checkbox"/>	<input type="checkbox"/>	__ / __ / 2017	__ / __ / 2017	__ / __ / 2017

**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:**  Yes  No

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

- Extension request granted  Resit within the semester  Not accepted \_\_\_\_\_
- Assessment worth less than 20%, Learning Outcomes will be covered by other assessments

Signature: ..... Date: .....