

**DEADLINE EXTENSION REQUEST or  
SPECIAL CONSIDERATIONS REQUESTS**

This form **along with supporting evidence** should be submitted to the Student Office in the Faculty in which you are registered as soon as possible but normally **not more than five working days** after any assessment or deadline may have been affected by exceptional 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>

Further sources of advice and guidance include the relevant Director of Programmes, Programme Lead, Personal Academic Tutor, Senior Tutor, the SUSU Advice Centre [www.susu.org/advice-centre](http://www.susu.org/advice-centre) and Enabling Services <http://www.southampton.ac.uk/edusupport/>

**Part 1: Your Details**

Forename		Family/Surname	
Student ID		Programme Title	

**Part 2: Your Application**

Please tick the box to indicate which type of request you wish to make

<b>A Extension Request</b>	Tick ✓	<b>B Special Consideration</b>	Tick ✓	<b>C Both</b>	Tick ✓
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

<b>A</b>	(a) <b>A deadline extension request</b> (where you require additional time, due to exceptional circumstances, to submit a piece of work)			
Module code	Title of module and piece of work	Published deadline(s)	Requested extension deadline(s)	Decision (To be completed by Faculty)
Granted <input type="checkbox"/>	New Submission Date:			Refused <input type="checkbox"/>
Staff Name:			Date:	
Staff Signature:				

**AND/OR**

<b>B</b>	(b) <b>A special considerations request</b> (where you believe exceptional circumstances outside of your control have/will have effects on your performance in a recent or upcoming assessment)				
Module code	Module Title	Type of assessment (Circle choice)		Deadline or Exam date	Outcome code (To be completed by Faculty)
		Exam	Coursework		
		Other:			
		Exam	Coursework		
		Other:			
		Exam	Coursework		
		Other:			
		Exam	Coursework		
		Other:			

### Part 3: Your Circumstances

(a) Period Affected	Date From:	Date To:	Semester(s) Affected (circle choice)	Semester 1	Semester 2
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(b) Please describe your circumstances and how they have impacted upon you

(c) Is supporting evidence supplied (Circle choice) <i>It is the responsibility of the student to ensure that all documentation to support the application is attached. (This can be in a sealed envelope)</i>	Yes	No
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Description of supporting evidence (e.g. medical certificate, police report, letter from Support Services)

(d) Please state your desired outcome(s) (e.g. to be allowed an additional attempt; a mark to be set aside)

Signature:		Date:	
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If you are a Tier 4 sponsored student a Special Considerations decision may have Visa implications. You are therefore strongly advised to seek advice from the Visa Guidance team [visa@soton.ac.uk](mailto:visa@soton.ac.uk)

## Self Certification Form



Students wishing to submit a Special Considerations or Deadline Extension Request should also submit a self- certification form where:

- They have suffered an illness lasting 1 – 5 consecutive working days for which they did not or could not seek medical advice; or
- They have experienced some other extenuating circumstance where they are unable to provide any other evidence

Students wishing to submit a self-certification form must meet with their Personal Academic Tutor, Senior Tutor, Programme Lead or Director of Programmes, who must sign off this form to confirm that they have met with the student to discuss their 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/sectIV-index.html>

Further sources of advice and guidance include the SUSU Advice Centre [www.susu.org/advice-centre](http://www.susu.org/advice-centre) and Enabling Services <http://www.southampton.ac.uk/edusupport/>

### Your details

Forename		Family/Surname	
Student ID		Programme Title	

### Your Circumstances

(e) Period Affected	Date from:		Date To:		Semester(s) affected (circle choice)	Semester 1	Semester 2
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(f) Please describe your circumstances and how they have impacted upon you

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I certify that the information I have given on this Self-Certification form is correct to the best of my knowledge

Students Signature:		Date:	
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I confirm that I met with student to discuss the circumstances outlined in this form

Name:		Role:	
Signature:		Date:	