Exceptional Circumstances Claim Form

This form should be completed by any student who wishes to make an Exceptional Circumstances (EC) claim, in line with the [Exceptional Circumstances Policy](https://www.collegalpractice.com/policies/policies-and-procedures). We strongly recommend that, before submitting a claim, you read the EC Policy carefully, to understand whether your circumstances form grounds for an EC.

As per the Policy, EC claims must be submitted no later than 5 working days after the original submission date or date of assessment, where your EC occurs on the original submission date or day of assessment or during an assessment. If you are submitting an EC claim outside of this 5 day deadline, you should clearly state the reasons for this delay.

Please complete the details requested below as fully as possible and return this form to the Student Services Team (studentsupport@collegalpractice.com). Where possible, you should also provide independent supporting evidence to accompany your claim; examples of supporting evidence can be found In Appendix 1 of the Exceptional Circumstances Policy.

**FULL NAME:** Click or tap here to enter text.

COLP ID: Click or tap here to enter text.

PROGRAMME OR MODULE **YOU ARE ENROLLED ON:** Click or tap here to enter text.

**ASSESSMENT TO WHICH THIS CLAIM RELATES:**

**MODULE:** Click or tap here to enter text.

**TYPE OF ASSESSMENT (I.E. EXAM, COURSEWORK SUBMISSION, ORAL ASSESSMENT):** Click or tap here to enter text.

**ASSESSMENT DATE:** Click or tap to enter a date.

**DETAILS OF HOW YOU BELIEVE YOUR PERFORMANCE HAS BEEN IMPACTED:**

***INCLUDE DETAILS OF THE GROUNDS FOR YOUR EC CLAIM IN AS MUCH DETAIL AS POSSIBLE***

Click or tap here to enter text.

**DETAILS OF YOUR SUPPORTING EVIDENCE:**

***SPECIFY THE THIRD-PARTY EVIDENCE YOU ARE PROVIDING WITH YOUR EC CLAIM OR, IF YOU ARE RELYING ON A SIGNED STATEMENT, PLEASE SPECIFY THIS HERE.***

Click or tap here to enter text.

**DECLARATION**

Please complete the tick boxes below and add your name in place of a signature (there is no need to print and scan this form- an electronic signature is acceptable).

After completing this form, email it to the Student Services Team (studentsupport@collegalpractice.com) with supporting evidence. Your EC claim will then be considered by the Student Services Manager or a Programme Leader and the outcome communicated to you by email, specifying your new assessment date or submission date if approved.

I confirm that the information contained in this EC Claim Form is true and accurate.

I confirm that I am submitting accompanying evidence with my EC claim.

I confirm that I have read and understood the Exceptional Circumstances Policy.

**Name:** Click or tap here to enter text.

Signature: Click or tap here to enter text.

**Date**: Click or tap to enter a date.

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|  | [info@collegalpractice.com](mailto:info@collegalpractice.com?subject=The%20College%20of%20Legal%20Practice:%20Contact) | **collegalpractice.com** | [**@collegalpract**](https://www.instagram.com/collegalpract/) |  |
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