

## Extenuating Circumstances Form

### Background

From time-to-time certain external events / circumstances occur that may:

- I. Adversely affect the learner's ability to commit to their studies.
- II. Reduce the ability of the learner to succeed in their studies, and ultimately
- III. Disadvantage the learner.

In these situations, learners can apply for these circumstances to be considered in any formal decision making undertaken by Regent College London. Example events / circumstances that learners may wish to apply for decisions to be adjusted include:

- Personal health issues (acute / chronic)
- Severe accident / incident
- Bereavement (death of a close family member)
- Victim of cRCL
- Substantive increase in duties as a care-giver to a close family member

Learners who wish for such circumstances to be considered, must apply through this **Extenuating Circumstances Form** and submit the form to Regent College London's Student Success Manager.

**Please note:** Extenuating Circumstances typically cover time-limited events. For ongoing issues, please discuss those with the Student Success Manager and refer to the Reasonable Adjustments Policy.

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**For Regent College London Staff use only:**

Applicant's (Learner) Name

Received by (Staff) Name

Date Received

## Details of the Extenuating Circumstances

**Student Name:**

**Programme of Study:**

**Briefly outline the circumstance that affected your studies at Regent College London.**

**Briefly outline the effect these circumstances had on your ability to study/succeed in your studies.**

**Dates the circumstance affected your studies:**

Starting date:

Finish date or ongoing?

**Please list the evidence you have submitted to substantiate your application**

The evidence to be supplied will be dependent on your application, but may include:

- Hospital Letter (for health-related circumstances).
- Police incident letter (for accident / incident related circumstances).
- Police incident letter / Court Notification (for crime related circumstances).
- Death Certificate (for bereavement related circumstances).

**Please identify what adjustments you are seeking in this application:**

**I confirm the above (and an all-listed attachments) are a true-and-accurate record of the circumstance(s).**

Name:

Signature:

Date: