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| Programme Extension Claim Form |  |

# Guidance notes

This form should be completed if you believe you have exceptional circumstances that have adversely affected your preparation for assessment(s), and you wish to request an extension of **more than three** weeks to your expected programme end date. This form should be used if you are in the final year of your programme, you have completed all teaching and only have assessments outstanding.

As soon as it is known that you require a programme extension you must contact your Head of School or nominated representative to arrange a time to discuss an action plan for your extension.

It is **your** responsibility to fully and correctly complete the claim form and submit this with satisfactory evidence as set out in the [Programme Extension Policy](https://www.yorksj.ac.uk/students/policies-and-documents/exams-and-assessment/#exceptional-circumstances). Part A of the form must be completed by you and cannot be completed by someone else on your behalf. Part B of the form will be completed by your Head of School or nominated representative when they meet with you.

## Part A

## Your details

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| Your name |  | Student ID |  |
| School | Choose an item | Year of programme |  |
| Programme of study |  | Current expected end date | Select date |
| YSJU email |  | Visa holder\* | Choose an item |
| Franchise partner (if not taught at York St John University) |  |

*\* Visa holders must speak with a* [*Visa Advisor*](https://www.yorksj.ac.uk/international/visa-and-immigration/tier-4-general-student-visas/) *before submitting the claim*

## Assessment(s) affected (add more rows where required)

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| --- | --- | --- | --- | --- | --- |
| Module code | Module title | Assessment (list each assessment separately) | Your current assessment date | Have you had an extension for this assessment before? | Extension requests only, how long are you requesting? (days/weeks) |
|  |  |  | Select date | Choose an item |  |
|  |  |  | Select date | Choose an item |  |
|  |  |  | Select date | Choose an item |  |
|  |  |  | Select date | Choose an item |  |

## Your circumstances – refer to the policy for full details of the circumstances and evidence accepted

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| Reason for application for extension (indicate ‘X’ as appropriate |
| ☐ | **Unforeseen medical circumstances** – significant acute illness, mental health crisis, accident or injury – sudden and severe in nature  |
| ☐ | **Unforeseen illness of dependents or immediate family** |
| ☐ | **Bereavement –** due to the death of a close family member or friend  |
| ☐ | **Delay in support for a disability** – only applicable where the delay is beyond the control of the student |
| ☐ | **Unforeseen deterioration/change in disability or long-term condition** during the assessment period |
| ☐ | **Pregnancy** |
| ☐ | **Parental care of an infant under 6 months** |
| ☐ | **Significant caring responsibilities** for a family member or partner with a disability or mental health condition |
| ☐ | **Victim of serious crime** |
| ☐ | **Legal proceedings requiring attendance** e.g. attendance either as a witness, jury member, plaintiff or defendant |
| ☐ | **Unforeseen acute personal circumstances** e.g. family crisis directly significantly impacting the student |
| ☐ | **Participation in exceptional and significant events** e.g. international sporting events |
| ☐ | **Unforeseen changes to the normal working patterns (for part-time students only)** |

## Impact of your circumstances on your assessment(s)

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| Please provide a **brief** description of how you believe these circumstances to have affected your ability to complete your assessment(s) |
| Specific dates affected\* | From: Select date | To: Select date |
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## Evidence to support your claim (add more rows where required)

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| List the documentary evidence you have supplied - evidence should demonstrate impact upon the **assessment period claimed for and cover the extension duration requested**. If your evidence is not currently available, you must state the evidence you plan to submit and when this will be available. |
| Evidence (e.g. Medical certificate) | If not included, state the date it is expected to be available |
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## Student declaration

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| Indicate ‘X’ to confirm |
| ☐ | I confirm that I have read the guidance and policy |
| ☐ | I understand that if I have not fully completed this form that my application will not be processed, and the form will be returned to me |
| Select date | Declaration date |
| **The form should now be passed to your Head of School or nominated representative to complete Part B as part of your discussion.** |

*You will normally receive a decision regarding your claim within five working days of submission of the signed form and evidence to the Assessment Team. Delays in providing satisfactory evidence will delay the decision.*

*Please note that if the claim is not supported by satisfactory evidence your claim may be declined.*

*If you are experiencing difficulties, please remember that you may be able to access support through a variety of services. Visit* [*http://yorksj.ac.uk/students*](https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fyorksj.ac.uk%2Fstudents&data=04%7C01%7Cl.burnell%40yorksj.ac.uk%7Cac4cdf5473e6479bd94a08d9dc044e00%7C5c8ae38ef85b4309b7ec862815a37aee%7C0%7C0%7C637782733310183046%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=dqLohhKdUFbfiQLmh4D4v4%2Bmd%2Fk32NK8mV%2Fv9wy21fk%3D&reserved=0) *to view available services and contact information for them.*

*For further details on how and why we keep your information please refer to our Student Data Protection Statement:* [*https://www.yorksj.ac.uk/policies-and-documents/data-protection/*](https://www.yorksj.ac.uk/policies-and-documents/data-protection/)

**Part B**

## Action plan for completion of remaining assessments (Head of School or nominated representative to complete)

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| To assist the Exceptional Circumstance Panel please provide an action plan detailing how the extension period is to be used, any interim objectives to be met during this period to support completion of the student’s assessment(s), and suggested deadlines for each assessment.**Head of School (or nominated representative)** **guidance**For example, include any periods where the student will not be working on the assessment(s) due to ill-health; or details explaining why a lengthy period is recommended that might include working at a significantly reduced capacity, or where time is required to work with clients.Where there are multiple assessments deadlines may be staggered.Care must be taken to not exceed the [maximum period of study](https://www.yorksj.ac.uk/policies-and-documents/regulations/).Further guidance can be sought from the Assessment Team E: assessment@yorksj.ac.uk  |
| **Head of School or nominated representative comments** |  |
| **Date** | **Action** |
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| Head of School or nominated representative signature |  |
| Date |  |
| **The completed form and evidence will now be considered by the Exceptional Circumstances Panel for final decision** |

**You should now submit this completed form to your** [**School Administrative Unit**](https://www.yorksj.ac.uk/schools/school-admin/contact-us/) **with your supporting evidence**