



# UCD SCHOOL OF MEDICINE AND MEDICAL SCIENCES

## EXCEPTIONAL CIRCUMSTANCES FORM

This application is to be used for students missing in-course assessment<sup>1</sup> or final exams (but not written assessment) as a result of high-level representative duties and or clinical placements, such as international sport.<sup>2</sup> This form is not to be used for any circumstance that is covered by the Extenuating Circumstances Procedure.

**You can only apply for consideration well in advance of the assessment date (not the week of or retrospectively) and this form must be returned as SOON as you become aware of the conflict between your representative duties and in-course assessment.**

**Please return the original form to the *Health Sciences Programme Office* and give a copy to your *Module Coordinator*.**

### A. PERSONAL DETAILS

Student name: \_\_\_\_\_ Student number: \_\_\_\_\_

Degree programme: \_\_\_\_\_ Stage: \_\_\_\_\_

### B. DATES AND REASON FOR ABSENCE

**Dates of Absence:** From \_\_\_\_\_ To \_\_\_\_\_

**Assessment missed:**

Module: \_\_\_\_\_ Assessment: \_\_\_\_\_

Module: \_\_\_\_\_ Assessment: \_\_\_\_\_

Module: \_\_\_\_\_ Assessment: \_\_\_\_\_

*(If you are missing more assessment items, please specify on an attached sheet)*

**Please indicate the category that best represents the reason for your absence:**

Representing Ireland (or another nation) at an international event

*Please specify the event and attach appropriate evidence<sup>3</sup>:* \_\_\_\_\_

Representing UCD<sup>4</sup>

*Please specify the event and attach appropriate evidence:* \_\_\_\_\_

### C. DECLARATION BY A COMPETENT AUTHORITY

<sup>1</sup> In-class assessments include MCQs, quizzes, exams, tests, practical tests and clinical placements. This form cannot be used to apply for extensions on written work, and students are advised to manage their time to ensure that they do not miss assessment due dates.

<sup>2</sup> This only includes actual fixtures/events. This form does NOT cover training or associated preparation.

<sup>3</sup> Appropriate supporting evidence includes a formal letter from your sports association noting your participation in the event and the dates you will be absent. For UCD Sports Scholarship holders, a letter from the UCD Sports Officer noting your participation and dates absent would be appropriate.

<sup>4</sup> This includes other UCD representative duties such as debating, theatre or music. If you are not sure if this applies to you, please contact the Health Science Programme Office.

This section should be completed by a competent authority<sup>5</sup>.

Team manager     Coach     Other (please specify) \_\_\_\_\_

I, \_\_\_\_\_, confirm that the reason given for this student's absence as outlined above and in the supporting documentation is correct.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### D. STUDENT DECLARATION

I confirm that the information provided in this form is true and factually correct. I agree that this information may be disclosed, where necessary, to the academic and administrative staff of University College Dublin, who are involved in determining my grade.

Signed: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

#### E. OFFICE USE ONLY

This application has been received by the Programme Office.

Office: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Module Coordinator's Recommended Course of Action:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUPPORTING EVIDENCE PROVIDED**

YES

NO

**Decision of Programme Board:** \_\_\_\_\_

<sup>5</sup> A competent authority includes an official representative of the association you are representing or the relevant UCD office.