Deferral of Assessment & Retrospective Extenuating Circumstances (DE1 Form)

STRICTLY CONFIDENTIAL

# Before submitting this form, please ensure:

# All sections are fully completed

# Your supporting evidence is attached

By completing and submitting this form, you confirm to have read and understood the [**Extenuating Circumstances, Extensions and Deferrals Regulations**](https://staff.napier.ac.uk/services/dlte/Regulations/Pages/Regulations.aspx).

The information you supply on this form and in support of your submission will be held securely by Edinburgh Napier University in accordance with current data protection legislation. Your information will be entered into a filing system which is accessed only by authorised University staff and will be used strictly for the purposes of processing your submission and preparing statistical and audit data on an anonymised basis. Your form and other documentation will be securely disposed of thereafter in accordance with the University’s records retention schedules. By supplying such information you consent to the University using your data, including any sensitive personal data for these purposes.

**PART ONE: Your Details**

|  |  |
| --- | --- |
| **Full Name and address**  **(for correspondence)**: | **Matriculation Number**: |
| **School**: | **Programme of Study:** |
| **Year/Level**: | **Telephone Number**: |

**PART TWO: Modules impacted**

The “**Module Code**” and “**Module Title**” are specified on eStudent Records and Moodle. Please refer to those websites when filling the form.

Under “**Component**”, please specify if the application is for Component 1 (C1), Component 2 (C2) and if it is a Centrally Timetabled Exam (C1X or C2X). Please note that some modules only have one component. You cannot apply for single elements of a component.

The “**Due Date**” should be either the original date or the original re-assessment date, whichever isthe most recent.

**NOTE:** Please note that your application will not be considered if your completed DE1 is received by the relevant School Office after 5 working days from the assessment deadline (see email address at the end of the form).

|  |  |  |
| --- | --- | --- |
| Module Code: |  | Module Code: |
| Module Title: |  | Module Title: |
| Component (C1, C2, C2X): |  | Component (C1, C2, C2X): |
| Due Date: |  | Due Date: |
|  |  |  |
| Module Code: |  | Module Code: |
| Module Title: |  | Module Title: |
| Component (C1, C2, C2X): |  | Component (C1, C2, C2X): |
| Due Date: |  | Due Date: |
|  |  |  |
| Module Code: |  | Module Code: |
| Module Title: |  | Module Title: |
| Component (C1, C2, C2X): |  | Component (C1, C2, C2X): |
| Due Date: |  | Due Date: |

**PART THREE: What has impacted/is impacting you?**

In the spaces below, please give clear information regarding your circumstances.

|  |
| --- |
| Please detail the **nature** and timing of the circumstances affecting you: |

|  |
| --- |
| Please outline the **impact** you believe these circumstances have had on you and your academic studies: |

**PART FOUR: Previous Submissions**

Have you previously submitted a DE1 in respect of these or related circumstances?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

(Please type “**X**” the one which applies)

|  |
| --- |
| If you answered “**Yes**”above, please give details of the dates of applications(s) so that previous form(s) can be identified.   * Valid Outcome Letter (email) Date: * Module Code and Title: |

**PART FIVE: Third Party Evidence to support your application**

Please note that relevant time-relevant third-party evidence in support of your application may vary depending on your circumstances. For further information, please refer to Section EC1.2 of the University [**Extenuating Circumstances, Extensions and Deferrals Regulations**](https://staff.napier.ac.uk/services/dlte/Regulations/Pages/Regulations.aspx).

Please type “**X**” in the box/es referring to the attached time-relevant third-party evidence provided:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Letter from GP/Medical Certificate |  |  | Letter from ENSA Advice |  |
|  |  |  |  |  |
| Letter from other Medical Practitioner |  |  | Legal or Court Documentation |  |
|  |  |  |  |  |
| Letter from Counsellor |  |  | Visa Document |  |
|  |  |  |  |  |
| Programme Leader/PDT/Other Support |  |  | Other (Please specify) |  |

**PART SIX: Extensions previously requested via form RE1**

Has an extension to an assessment deadline for the module(s) specified in Part Two been granted previously via an extension form RE1 submission?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

(Please type “**X**” the one which applies)

|  |
| --- |
| If **Yes**,what arrangements were made and for which modules:   * Module Code and Title: * Working days granted: * New agreed deadline: |

**PART SEVEN: Deferral of Assessment/Retrospective Extenuating Circumstances Circumstances**

Please confirm which of the following applies to the module(s) you have listed in Part Two. Please indicate by typing “**X**” in the box:

|  |  |
| --- | --- |
| **Deferral of Assessment:**   * Assessment not submitted * Application sent within 5 (five) working days after the original deadline |  |
|  |  |
| **Unfit To Sit (Retrospective):**   * Assessment submitted, but I realised afterwards that I was not Fit To Sit * Application sent within 5 (five) working days after the original deadline |  |
|  |  |
| **Exceptional Extenuating Circumstances:**   * Assessment not submitted * Application sent within 5 (five) working days after the end of the last week of exams during the trimester in which the assessment was due |  |

|  |  |  |
| --- | --- | --- |
| PART EIGHT: Signature | | |
|  | | |
| IMPORTANT: Before you submit this form, you must ensure:All sections are fully completed;Your supporting evidence is attached (if the evidence is not available to submit, but has been requested, you can still submit the completed form, stating that the evidence will follow);Failure to submit your evidence may result in a delay in your application being processed and/or an invalid outcome;Applications will only be accepted when sent from your university email account. Application sent from your personal email address will not be considered.The form will be date stamped when it is received in hard copy;Confirmation of receipt will be emailed to your University email account (not to other personal email addresses);Please sign and date the form before submission. When you send your DE1 form and evidence, your Edinburgh Napier University email address will be acknowledged as a digital signature. | | |
| SIGNED: |  | DATE: |
|  |  |  |
|  |  |  |
| Receipt Stamp: |  | Date: |
|  |  |  |

**PART NINE: Submission**

**PART SEVEN: Submission**

Please email your completed form, together with all supporting evidence, to the relevant School using the undernoted mailbox, please do not email it direct to the Extenuating Circumstances Officers, as this may cause a delay in your application being processed:

* Business School Students - [FitToSitECsTBS@napier.ac.uk​](mailto:FitToSitECsTBS@napier.ac.uk)
* All Merchiston based students - [Merchistonecs@napier.ac.uk](mailto:Merchistonecs@napier.ac.uk)
* School of Applied Sciences students - [SAS.ExtCirc@napier.ac.uk​](mailto:SAS.ExtCirc@napier.ac.uk)
* School of Health and Social Care students - [SHSC.ExtCirc@napier.ac.uk](mailto:SHSC.ExtCirc@napier.ac.uk)

Submission to the iPoint and Reception should only occur in exceptional circumstances.

**Students studying overseas**

Please submit a digital copy of your form to your local programme administration team with appropriate supporting documents. The deadlines applicable to you may vary from those published. In the first instance you should speak to your local programme team for support and your ENU Programme Leader

If required, you can also contact [Internationalprogrammes@napier.ac.uk](mailto:Internationalprogrammes@napier.ac.uk)