Medical Student Office
MBBS Recruitment and Admission

Extreme Extenuating Circumstances
Guidance and Form

Purpose of this form
This form is to ensure that we are able to easily understand the impact of extreme extenuating circumstances. All circumstances which applicants wish to tell us about should be reported only by using this form. There is no requirement to complete this form, unless you wish us to consider your circumstances. Please ensure that prior to completing this form you have read and understood the extenuating circumstances section in our Admissions Policy and that you believe that your circumstances may be considered as extreme extenuating circumstances. (see section below taken from the Admissions Policy)

All information provided to us in this form and any supporting evidence will be treated with the utmost confidentiality. It will only be discussed and shared with University staff involved in the medicine admissions process.

Guidance on completing the form
There are six questions to answer. Whilst these questions are relatively simple, we do realise that it can be difficult to explain personal circumstances. It is up to each individual applicant how much information is shared with us. The completion of this form is not a requirement but in order that we are fair to all we are unable to consider extenuating circumstances reported by any other means. Guidance is provided under each of the six questions to explain what information should be included. We regard each applicant’s circumstances and the effect of these as unique. As such we are unable to provide a list of extenuating circumstances which we would typically consider or any guidance on how best to explain a particular circumstance.

Returning the form
This form and supporting evidence must reach us by 15th September if you wish us to respond prior to the UCAS medicine closing date of 15th October.

Please return the form and supporting evidence to one of:

- Email – mbbs.admissions@ncl.ac.uk with a subject of Extreme Extenuating Circumstances
- Post – Undergraduate Admissions Team
  Medical Student Office
  Newcastle University
  Faculty of Medical Sciences
  Framlington Place
  Newcastle NE2 4HH

Continued support while you study
If your extenuating circumstances are a result of a long-term health issue or disability, the University offers support and guidance to students and applicants through our Student Wellbeing Service. You can find further information about this office and the support provided on our website at http://www.ncl.ac.uk/students/wellbeing/
**Taken from Admissions Policy**

Extenuating circumstances will not be accepted to enable an applicant to be considered without the relevant academic entry qualifications. However we will accept a resit result, provided the subject has been retaken no more than once and the grade achieved is one grade higher than our standard offer (e.g. A* instead of A).

Applicants with extenuating circumstances that may affect their preparation or performance in an examination must inform their school/college/university at the earliest opportunity. Being self-aware and seeking help is a key part of being a doctor. The applicant’s school/college/university should liaise with the relevant examination board to inform them of the extenuating circumstances. The examination board will make a decision as to the validity of the extenuating circumstances and whether allowances should be made.

In other situations, applicants with extenuating circumstances will be considered on an individual basis by the Sub Dean for Recruitment and Admissions. All correspondence will be treated confidentially and applicants are encouraged to inform us of extenuating circumstances as early as possible, as prior knowledge ensures the correct level of support and advice. Extenuating circumstances may be considered to enable an applicant to apply or reapply with resit A level grades.

If an applicant has extreme extenuating circumstances that they feel may impact on their interview performance they must inform the Medical School before the interview. We will not accept any retrospective information regarding pre-existing extenuating circumstances. The extreme extenuating circumstances form can be downloaded at: [https://www.ncl.ac.uk/sme/study/undergraduate/admissions/#overview](https://www.ncl.ac.uk/sme/study/undergraduate/admissions/#overview) and must be submitted to the Medical Student Office by 15th September. Forms received after this date will not be considered.

**PLEASE READ THE INSTRUCTIONS VERY CAREFULLY AS WE ARE UNABLE TO CONSIDER ANY INFORMATION WHICH DOES NOT PROVIDE CLEAR ANSWERS TO THE QUESTIONS. WE WILL NOT CONTACT YOU FOR FURTHER INFORMATION, WE WILL ONLY MAKE A DECISION ON THE INFORMATION INITIALLY SUBMITTED.**

**ONLY SEND SUPPORTING EVIDENCE WHICH WILL ASSIST US IN OUR DECISION MAKING THIS MUST BE ON FORMAL HEADED PAPER AND APPROPRIATELY SIGNED.**

**YOUR REQUEST FOR RESIT GRADES TO BE CONSIDERED MUST BE SUPPORTED BY EITHER YOUR SCHOOL OR GP AND SECTION 6 COMPLETED BY YOUR SCHOOL.**
Personal Details

First Name:  

Last Name:  

UCAS Personal ID: (if known)  

Date of Birth:  

Programme(s) to which you have applied:  

Please complete your personal details in full below.

Question 1
Please tell us the nature of your extreme extenuating circumstances.

Guidance
In the answer to this question, please state briefly what your extreme extenuating circumstances are. Extreme Extenuating circumstances are defined as circumstances beyond your control which have a negative impact upon you. Please provide this information in a way we are able to follow a timeline of when you were first aware of them to them potentially affecting your study/examinations. You do not need to explain the impact these extreme circumstances had upon your work in your answer to Question 1, please provide this in Question 2.

Answer to question 1
Medical Student Office
MBBS Recruitment and Admission

**Question 2**
Which parts of your study did these extreme extenuating circumstances affect?

**Guidance**
Please explain the specific areas which you felt were affected by the extreme extenuating circumstances stated in Question 1. **Please be specific to the areas (state whether AS or A2) you felt were affected and do not answer where/how, this will be covered in Question 3.**

**Answer to question 2**

**Question 3**
How did these circumstances affect your work?

**Guidance**
*In the answer to this question, please describe the way in which you felt that the extreme extenuating circumstances in Question 1 affected your work. You may wish to make references to the different parts of your study identified in Question 2.*

**Answer to question 3**
Question 4
Were your extreme extenuating circumstances reported and discussed with your school/college?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(go to 4a below)</td>
<td>(go to 4b below)</td>
</tr>
</tbody>
</table>

a. As you believe your extreme circumstances were affecting your study, please provide information on why you did not report this to your school/college to receive the appropriate support and guidance
b. As your extreme circumstances were reported to your school/college, please provide brief details of the support and guidance provided to you.

Answer to question 4

Question 5
Were your extreme extenuating circumstances reported to the examination board(s)?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(go to 5a below)</td>
<td></td>
</tr>
</tbody>
</table>

a. Please give the reasons why your extenuating circumstances were not reported to the examination board(s)

Guidance
We are unable to take account of extenuating circumstances for a second time. If your circumstances have been taken into account by the examination board(s), we will not be able to consider your circumstances again as part of our admissions process.

Answer to 5a
Question 6
This section must be completed by your school. This information should also be submitted in a formal letter from the school on school headed paper and signed.

a. Provide information on when you were made aware of the extreme circumstances which impacted on the study or examinations of your student.

Answer to question 6 a

b. Provide information on the steps you took to reduce any impact on the academic study of your student (including guidance to delay sitting exams; additional study support and submitting special circumstances to examination board(s).) If no support provided please state the reason for this.

Answer to question 6 b

c. Please provide information on the duration of any absences which could have disrupted the learning of your student. The support given due to excessive absences should be noted in 6b above.

Answer to question 6 c

Section 6 - Completed by school Headteacher/Head of Sixth Form

Name: 
Title: 
Date: 
Guidance for supporting evidence
We can only consider your request if you have provided us with sufficient evidence. Supporting evidence must be from your school/college and/or doctor’s letter. Those providing supporting evidence should demonstrate (where applicable):

- When they were made aware of your **extreme circumstances** and the impact on your work
- The steps they took to reduce any impact on your academic studies (including guidance to delay sitting exams; additional study support and submitting special circumstances to examination board(s)).
- Duration of any absences which could have disrupted your learning.

Please list the evidence you have submitted to us and indicate whether we should find this with the completed form or whether it has been sent separately and how.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Included with this form?</th>
<th>Forwarded Separately to?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Declaration
Please sign and date this form. If submitting the form electronically, please type your name below in place of a signature. By completing this section you are confirming that the information provided in this form is true and supporting evidence documents are complete and accurate.
Signed................................. Date...................................................

PRINT NAME..........................................................................................................

OFFICE USE ONLY
Decision on request

Reasons for decision

Signed

Date

Responded to potential applicant/applicant (circle)

<table>
<thead>
<tr>
<th>Email</th>
<th>Letter</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date