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| A black background with text  Description automatically generated | **Additional Consideration** Full Request Form |

Please read the [**Guidance for Students**](https://unibrightonac.sharepoint.com/:w:/s/public/EQ5TxHpFLh9Hi8Kpzpaw9r4Bqqb_3tpC4ZNaaAalhkWKVg?e=He4PHK) before submitting your request for Additional Consideration.

Completed forms must be submitted by email to: [**additionalconsideration@brighton.ac.uk**](mailto:additionalconsideration@brighton.ac.uk)

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| **1** Your details | | | |
| Your name: |  | Student ID number: |  |
| Course: |  | Year/stage of study:  *(select)* | Choose an item. |
| Level of study:  *(select)* | Choose an item. | Full-time/part-time:  *(select)* | Choose an item. |
| School/College:  *(select from drop-down list only)* | | Choose an item. | |

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| **2** Learning Support | |
| 2.1 Do you have a **Learning Support Plan** (LSP) in place? *(yes/no)* | Choose an item. |
| **If you answered NO, please go straight to Section 3.**  *The rest of this section is only for students with an LSP and is optional.* | |
| 2.2 If you answered **YES** to having an LSP, do you want to request a reasonable adjustment to the process for requesting Additional Consideration? *(yes/no)* | Choose an item. |
| 2.3 If YES, what adjustment(s) are you requesting?  *(please select all that apply)*  This is only for adjustments you require for the Additional Consideration **process**. Do not include adjustments in place for your academic programme of study. | receiveinformation in a different format  extra time to provide information  assistance with completing the form  referral to support services  other |
| 2.4 Other (please describe briefly): | |
| [100 words maximum please] | |

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| **3** Assessments affected by your circumstances | | | | |
| **Module code**  *These are in the Module Info section on MyStudies or in Module Handbooks.* | **Module**  **name/title** | **Assessment details** | **Date of submission or assessment**  **-** including any dates for extensions  *(dd/mm/yyyy)* | **Category**  **of request**  *Select from the drop-down list* ***only*** *- please do not enter anything else in this column.* |
| *e.g.*  *AF456* | *e.g.*  *Financial Accounting* | *e.g.*  *Excel Workbook* | *e.g.*  *27/08/2024* | *e.g.*  *late submission* |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |

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| **4** Your circumstances | | | |
| 4.1 Please tell us the **exact time period** in which your circumstances occurred? | | | |
| Start date:  *(dd/mm/yyyy)* | Click or tap to enter a date. | End date:  *(dd/mm/yyyy)* | Click or tap to enter a date. |
| 4.2 Please describe the **unforeseen circumstances** that occurred, referring only to the situation or events that directly had an impact on your assessment(s). | | | |
| [200 words maximum please] | | | |
| 4.3 How did these circumstances affect your ability to complete or attend your assessment(s), or how did they affect the quality of the work you submitted? | | | |
| [200 words maximum please] | | | |

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| **5** Supporting documentation | |
| 5.1 You must attach **supporting documentation** as evidence with your request. Please tell us what supporting documentation you are attaching? | |
| *Tick all the boxes that apply.* | |
|  | a medical certificate or letter from a medical practitioner (e.g., a doctor, or extract from your medical notes); |
|  | other certificate or official record; |
|  | letter or form from an appropriate external professional (e.g., counsellor); |
|  | evidence of engagement with internal (University) wellbeing support services (e.g., counselling appointment or email from SSGT following a meeting); |
|  | supporting statement from a Personal Academic Tutor or similar; |
|  | third party confirmation (e.g., police report). |
|  | **Photographs / videos** – these are not accepted! |
| **IMPORTANT**: Please do not include **photographs** or **videos** of illness, injuries or accidents. We do not accept these as supporting evidence. Any photographs or videos will be deleted and your request may be delayed or not accepted. | |
| 5.2 If you are **not able** to provide supporting documentation, please explain why? | |
| [100 words maximum please] | |

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| **6** Deadline to submit your request | |
| 6.1 You must submit your request for Additional Consideration by the **appropriate** **deadline.**  *Please tick the relevant box to confirm whether or not you are submitting your application in time.* | |
|  | YES: I am submitting my request within **14 days** of the last affected assessment date. This deadline applies to all students except BSMS undergraduate medical students. |
|  | YES: I am a **BSMS undergraduate medical** student, and I am submitting my request  within **7 days** of the last affected assessment date. |
|  | **If you answered YES, please go straight to Section 7.** |
|  | NO: I am submitting my request after the deadline. |
| 6.2 If you are submitting your request **late** (after the deadline), please explain why?  *Please tell us what prevented you from submitting your request, focusing on the period of time between the deadline for submitting this request and today.* | |
| [150 words maximum please] | |

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| **7** Checklist | |
| 7.1 Please complete this **checklist** to confirm that you have all included the information we need to process your request. If anything is missing, your request may be delayed. | |
| *Please click on each box to confirm that you have included the following:* | |
|  | all of your student details (Sections 1 and 2) |
|  | full details of all impacted assessments (Section 3) |
|  | a clear explanation of your personal circumstances (Section 4) |
|  | you have attached supporting evidence (Section 5) |
|  | an explanation if you are submitting your application late (Section 6) |
| *and please include the following, if you are submitting your request* ***after*** *your Examination Board:* | |
|  | a copy of your Examination Board results email |

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| **8** Permission |
| By submitting this form you are agreeing to your request being processed in line with the University’s [data protection](https://unibrightonac.sharepoint.com/sites/public/docs/Forms/AllItems.aspx?id=%2Fsites%2Fpublic%2Fdocs%2FLegal%20and%20Governance%2FData%5FProtection%5FPolicy%2Epdf&parent=%2Fsites%2Fpublic%2Fdocs%2FLegal%20and%20Governance&p=true&originalPath=aHR0cHM6Ly91bmlicmlnaHRvbmFjLnNoYXJlcG9pbnQuY29tLzpiOi9zL3B1YmxpYy9FY3ZfWExVNnF0dEtxNlcwcktSQmZsY0J6MkpBVWRPc21fQkpTNlBzWnhhUDN3P3J0aW1lPVR1UGZCUGhtMlVn) and [Additional Consideration Privacy Notice](https://unibrightonac.sharepoint.com/:b:/s/public/ER92Qcl11nJCvADfdi7wStoBNVtut-VKuWXfedJq7K4t-A?e=SW2Fpf). By submitting the form, you are also confirming that the details of your request are, to the best of your knowledge, accurate; and that you have read and understood the accompanying guidance.  The presentation of a fraudulent request for Additional Consideration is an attempt to gain unfair advance, and hence is considered cheating. The University takes the submission of false requests very seriously, and action will be taken against any student who can be demonstrated to have knowingly done so. |

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| **HOW TO SUBMIT THIS FORM** | |
| Email with solid fill | Completed forms are only accepted by email and should be sent to:  [**additionalconsideration@brighton.ac.uk**](mailto:additionalconsideration@brighton.ac.uk) |
| * Please send your form to us by **email** as an **attachment.** * We are **not** able to open links to online forms or OneDrive links. * Please attach your **supporting documentation** to the same email. * Please forward a copy of your Course or Phase Examination Board outcome email if your request is late and being sent after you received your Examination Board outcome. This is so we can see the date the notification was sent. | |