**University of Nottingham Staff Evidence Template**

**Statement in support of a student’s claim for Extenuating Circumstances**

|  |  |
| --- | --- |
| Your name |  |
| Your role |  |
| Your contact telephone number |  |
| Student name |  |
| Student ID number (if known) |  |
| Details of the student’s engagement with you prior to the affected assessment(s)  Please include details of meetings, correspondence etc. in which the student made you aware of their circumstances. Please also include details of any evidence you have seen relating to the student’s circumstances. | |
| Details of how you perceive their performance to have been adversely impacted  Please provide specific and time-related insight into the impact of the circumstances on the assessment(s), including any observations of behaviour or illness, if applicable | |
| Signature | Date |

This statement is purely the opinion of the author and is not a medical diagnosis.

This statement may serve as evidence in support of your extenuating circumstances claim and is not confirmation that your claim has been approved. An Extenuating Circumstances Panel has the final decision regarding your claim and the outcome will be communicated to you after submission of your claim and supporting evidence.