Self Certification Form



Students wishing to submit a Special Considerations or Deadline Extension Request should also submit a self- certification form where:

- They have suffered an illness lasting 1 5 consecutive working days for which they did not or could not seek medical advice; or
- They have experienced some other extenuating circumstance where they are unable to provide any other evidence

Students wishing to submit a self-certification form must meet with their Personal Academic Tutor, Senior Tutor, Programme Lead or Director of Programmes, who must sign off this form to confirm that they have met with the student to discuss their circumstances.

In completing this form please refer to the Regulations Governing Special Considerations (including Deadline Extension Requests) for all Taught Programmes and Taught Assessed Components of Research Degrees http://www.calendar.soton.ac.uk/sectionly/sectly-index.html

Further sources of advice and guidance include the SUSU Advice Centre www.susu.org/advice-centre and Enabling Services http://www.southampton.ac.uk/edusupport/

Your details

Forename		Family/Surname					
Student ID			Programme Title				
Your Circur	nstance	es					
(e) Period Date Affected from:		Date To:		Semester(s) affected (circle choice)		Semester 1	Semester 2
(f) Please desc	ribe you	r circumstances and	how they have in	npacte	d upon you		
I certify that the information I have given on this Self-Certification form is correct to the best of my knowledge							
Students Signature:					Date:		
	_						
I confirm that	I met wi	ith student to discus	s the circumstanc	es out	lined in this for	m	
Name:					Role:		
Signature:					Date:		