

Extenuating circumstances notification



Applicants should refer to the guidance on our website (www.bristol.ac.uk/applicants/applicants/extenuating-circumstances) prior to completing the form in black ink or type.

Both parts of the form must be completed before submission. We may request additional information where necessary.

Part 1 (To be completed by the applicant)

Personal details

Surname: UCAS ID or CAID:
First name(s): Date of birth (DD/MM/YYYY):
Course code(s) :

Please list all the courses to which you have applied at the University of Bristol.

Nature of extenuating circumstances

- | | |
|---|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Main carer for another |
| <input type="checkbox"/> Social/Personal/Domestic | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Teaching issues | <input type="checkbox"/> Other: _____ |

Have the relevant exam boards been notified of these circumstances? Or if not, will they be? YES / NO

Applicant statement *Please use this section to tell us more about the circumstances you wish us to consider. If possible please include specific dates/timings of events. Please attach a separate statement if you require more space.*

Applicant declaration

I confirm that the above statement is a complete and accurate record and that no relevant information has been knowingly omitted. I give my consent to the storage and use of this information by the University of Bristol.*

Signature:

Date:

All forms must be accompanied by a statement from a relevant third party corroborating the information in the applicant statement. This can either be provided in the section below or attached as a separate document.

All medical circumstances must be accompanied by a statement from a medical professional.

All documents and statements must be in English or include a certified translation.

Medical or other evidence attached? *Please briefly outline what documents are attached.*

If no additional documents are attached the following section **must** be completed.

Part 2 (To be completed by a relevant third party)

Relationship to applicant: _____

Supporting statement *Please include all relevant information and If possible include specific dates/ timings of events to corroborate the applicant's circumstances.*

Supporting declaration

I confirm that the above statement is a complete and accurate record and that no relevant information has been knowingly omitted. I also give my consent to the storage and use of this information by the University of Bristol*.

Signature:

Date:

Once fully completed, please return the form and any additional documents to **ug-admissions@bristol.ac.uk** or send by fax to +44 (0)117 331 7391, or by post to:

Undergraduate Admissions Office, University of Bristol, Senate House, Tyndall Avenue, Bristol, BS8 1TH, UK

*All personal information supplied on this form will be held in accordance with the Data Protection Act 1998

