

This form is to be used to notify St Peter's College's Admissions Office of extenuating circumstances affecting applicants holding conditional offers. It should be completed as soon as possible after the school becomes aware of extenuating circumstances and by Friday 12 August 2022 at the latest.

We are committed to protecting the privacy and security of personal information that we process in relation to applications. We may, where relevant and necessary, need to share information with third parties or with colleagues within the University For further information, please see https://www.spc.ox.ac.uk/privacy-policy and the University's Undergraduate Applicant Privacy Notice: https://www.spc.ox.ac.uk/privacy-policy and the University's Undergraduate Applicant-privacy-notice).

This form can be submitted by email to admissions@spc.ox.ac.uk

STUDENT DETAILS				
Full Name				
Date of Birth				
College Course Name				
UCAS Personal ID				
Is the student aware that you are completing this form on their behalf?	□Yes	□No		
NATURE OF EXTENUATING CIRCUMSTANCES				
☐ III health	☐ Main carer responsibilities			
☐ Serious health problem of a close family member ☐ Bereavement				
☐ Disability	☐ Teaching issues			
☐ Other (please specify):				
Have other students been affected by the extenuating circumstances you are reporting?	□ Yes	□ No		
If you answered 'yes', please provide details:				

UPPORTING STATEMENT Please set out all relevant information. If to corroborate the effect of extenuating of		· · · · · · · · · · · · · · · · · · ·	_
Please set out all relevant information. If		· · · · · · · · · · · · · · · · · · ·	_
Please set out all relevant information. If		· · · · · · · · · · · · · · · · · · ·	_
Please set out all relevant information. If		· · · · · · · · · · · · · · · · · · ·	_
Please set out all relevant information. If		· · · · · · · · · · · · · · · · · · ·	_
Please set out all relevant information. If		· · · · · · · · · · · · · · · · · · ·	_
Please set out all relevant information. If		· · · · · · · · · · · · · · · · · · ·	_
TEDICAL OR OTHER SUPPORTING	S EVIDENCE		
Details of documents attached: Details of documents to follow separately			
CHOOL CONTACT DETAILS Please provide the name of a school cont		A-level results day, 18 August 20	022*
Full Name			
Job Title			
Email Address			
Telephone Number			

Γ

form is a complete and accura	I are confirming that the inform te record, and that no relevant age and use of this information	information has been knowing	ly omitted. You are		
Full Name					
Job Title					
Relationship to Applicant*					
Email Address					
Telephone Number					
Signature		Date			
*If you are not the offer holder's UCAS referee, please ask the <u>offer holder to sign and date</u> below to confirm that they are happy for us to discuss their application with you.					
OFFER HOLDER SIGNATURE By completing this section, you are confirming that you give your permission for St Peter's College's Admissions Office to discuss your application and any contextual information provided on this form with the school representative and A-Level results day contact named above.					
Signature		Date			

DETAILS OF THE SCHOOL REPRESENTATIVE COMPLETING THIS FORM