



# ST PETER'S COLLEGE

## Undergraduate Admissions Extenuating Circumstances Form

This form should be used to notify St Peter's College Admissions Office of any 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 28 July 2023 if at all possible.

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 and/or other colleagues within the University. For further information, please see the St Peter's College Privacy Policy: [www.spc.ox.ac.uk/privacy-policy](http://www.spc.ox.ac.uk/privacy-policy) and the University's Undergraduate Applicant Privacy Notice ([www.ox.ac.uk/admissions/undergraduate/undergraduate-applicant-privacy-notice](http://www.ox.ac.uk/admissions/undergraduate/undergraduate-applicant-privacy-notice)).

This form should be submitted by email to [admissions@spc.ox.ac.uk](mailto: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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| NATURE OF EXTENUATING CIRCUMSTANCES  |  |                             |
|--|--|-----------------------------|
| <input type="checkbox"/> Ill health  | <input type="checkbox"/> Main carer responsibilities |                             |
| <input type="checkbox"/> Serious health problem of a close family member             | <input type="checkbox"/> Bereavement                 |                             |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> Teaching issues             |                             |
| <input type="checkbox"/> Other (please specify):                                     |  |                             |
| Have other students been affected by the extenuating circumstances you are reporting | <input type="checkbox"/> Yes                         | <input type="checkbox"/> No |
| If you answered 'yes', please provide details:                                       |  |                             |



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## EXAMINATION AFFECTED

| Qualification | Subject | Areas of study or papers/units affected and % of overall qualification the unit(s) represent(s) | Was the exam board notified of these extenuating circumstances |
|---------------|---------|---|--|
|               |         |   |  |
|               |         |   |  |
|               |         |   |  |
|               |         |   |  |
|               |         |   |  |

## SUPPORTING STATEMENT

Please set out all relevant information. If possible, please include details of specific events or timings of events to corroborate the effect of extenuating circumstances. Continue on a separate sheet if necessary.

## MEDICAL OR OTHER SUPPORTIVE EVIDENCE

Details of documents attached:

Details of documents to follow separately:

## SCHOOL CONTACT DETAILS

Please provide the name of a **school contact available on A-Level results day, 17 August 2023\***

Full Name

Job Title

Email Address

Telephone Number

\*If this school contact is not the offer holder's referee, please ask the **offer holder** to sign and date at the bottom of this form to confirm that they are happy for us to discuss their application with the contact named above.



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## DETAILS OF THE SCHOOL REPRESENTATIVE COMPLETING THIS FORM

*By completing this section, you are confirming that the information provided in the extenuating circumstances form is a complete and accurate record, and that no relevant information has been knowingly omitted. You are also giving consent to the storage and use of this information by St Peter's College in accordance with data Protection regulations*

|                            |  |      |  |
|----------------------------|--|------|--|
| 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 **offer holder** to sign and date 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 permission for St Peter's College 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 |  |
|-----------|--|------|--|