

Extenuating circumstances notification

Applicants should refer to the guidance on our website <u>(www.bristol.ac.uk/applicants/applicants/extenuating-circumstances)</u> prior to completing the form. Both parts of the form must be completed before submission to <u>bristol-ifp@kaplan.com</u>. Do not send the form to the details provided on the website guidance as this is for undergraduate student requests only. We may request additional information where necessary.

Part 1 (To be completed by the applicant)

Personal details

Student's full name:		Kaplan Student ID:	
Student's Date of Birth:		Student's email address:	
Course Title(s) and Code(s):			
Please list the qualifications/examinations which have been, or are likely to be affected e.g. GCSEs, A levels:			
Have the relevant exam boards been notified of these circumstances? If NO, will they be? YES / NO (please delete as appropriate)			
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 Kaplan International Pathways and 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 on the next page 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 Kaplan International Pathways and the University of Bristol.*

Signature:

Date:

Print Name:

Once fully completed, please return the form and any additional documents to Bristol-ifp@kaplan.com

* Please note that any information you provide may be shared with the relevant faculty/department or student support services, should you accept an offer of a place from the University of Bristol.

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