



Extenuating Circumstances Form

This form is to be used to notify Hertford College 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 received by the College prior to the publication of the results.

Once completed, this form should be returned in PDF format to Mr Alfie Deere-Hall, Admissions Officer, at undergraduate.admissions@hertford.ox.ac.uk.

Student details	
Full Name	
Date of Birth	
UCAS Personal ID	

Is the student aware that you are completing this form on their behalf?	Yes	No
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Nature of extenuating circumstances (circle all that apply / provide details below)	
Illness	Bereavement
Disability	Main carer responsibilities
Teaching issues	Other (please specify below)

Have other students been affected by the extenuating circumstances you are reporting?	Yes (please provide details below)	No

Examinations affected			
Qualification	Subject	Module(s)* affected and % of overall qualification the module(s) represent	Has the exam board been informed? Are you anticipating the board taking the circumstances into account?

*or area of study / coursework

Supporting Statement

Please provide all relevant information below. If possible, please include details of specific timings or events.

Medical or other supporting evidence (if applicable)	
Details of documents attached	
Details of documents to follow	

School contact details Please provide details of a school contact who will be available on A-level results day*	
Full Name	
Job Title	
Email Address	
Telephone Number	
*if the school contact is not the offer-holder's UCAS 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.	

Details of the school representative completing this form By completing this section, you are confirming that the information provided on this 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 Hertford College in accordance with the Data Protection regulations.			
Full Name			
Job Title			
Relationship to Offer Holder			
Email Address			
Telephone Number			
Signature		Date	

Offer Holder signature By completing this section, you are confirming that you give your permission for Hertford 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	

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