

**REQUEST FOR CONFIRMATION OF MEDICAL CONDITION****IN RELATION TO EXTENUATING CIRCUMSTANCES CLAIMS****PART A: Student's Department to complete:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Number: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Dates Studies Affected: \_\_\_\_\_

Modules/Assessments Affected: \_\_\_\_\_

Name of Person Requesting Confirmation: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return Address: \_\_\_\_\_  
\_\_\_\_\_**PART B: Student to complete:**

I consent to this form being returned to the member of staff set out above. I am aware that if the Medical Centre do not have evidence of a condition requiring my absence from university for more than 7 days or a long term condition that is continuing to be monitored, the form will be returned to the member of staff, confirming this.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_**PART C: Doctor to complete:**

Can you objectively verify that this student has been suffering from the stated condition over the period detailed above and that this condition will have affected their ability to study over the dates specified above.

Please indicate: YES / NO

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_