**Lancaster University**

**Evidence for submission to the DClinPsy Exceptional Circumstances Committee**

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| **Name** |  |
| **Trainee number** |  |
| **Assignment for which Exceptional Circumstances are being submitted** |  |
| **Date assignment was submitted *(N.B. you need to submit this form within two weeks of the assignment submission for your circumstances to be considered. You should not submit exceptional circumstances for a submission that has not yet been made – in this situation you should instead seek a deadline extension)*** |  |

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| **Circumstances – Use the space below to detail the circumstances that you would like the exceptional circumstances committee to consider. You must include in this detail of the area(s) that you consider have been affected by these circumstances. In all cases you must provide independent documentary evidence, e.g. a doctor’s note, a letter from the counselling service.** |
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| I declare that the above is a true and accurate statement |
| Signed:  Date: |
| I attach the following documentation: |