



Lincoln College

UNIVERSITY OF OXFORD

Extenuating Circumstances Form Undergraduate Admissions

This form is to be used to notify Lincoln College's Admissions Office of extenuating circumstances affecting applicants holding conditional offers. It should be completed and returned to the College as soon as possible after the school becomes aware of extenuating circumstances, and by **8 August 2024** 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 or with colleagues within the University. For further information, please see the Lincoln College Privacy Policy (<https://lincoln.ox.ac.uk/asset/privacy-policy.pdf>) and the University's Undergraduate Applicant Privacy Notice (www.ox.ac.uk/admissions/undergraduate/undergraduate-applicant-privacy-notice).

This form can be submitted by email to admissions@lincoln.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: | | |

EXAMINATIONS 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? |
|---------------|---------|---|---|
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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 SUPPORTING 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, 15August 2024* | | | |
| 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. | | | |
| DETAILS OF THE SCHOOL REPRESENTATIVE COMPLETING THIS FORM | | | |
| <i>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 Lincoln College in accordance with Data Protection regulations.</i> | | | |
| 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 below to confirm that they are happy for us to discuss their application with you. | | | |
| OFFER HOLDER SIGNATURE | | | |
| <i>By completing this section, you are confirming that you give your permission for Lincoln 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.</i> | | | |
| Signature | | Date | |