Swansea University L#583059

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| **DECLARATION OF EXTENUATING CIRCUMSTANCES AFFECTING EXAMS DURING THE SUPPLEMENTARY ASSESSMENT PERIOD / DATGANIAD O AMGYLCHIADAU ESGUSODOL SY’N EFFEITHIO AR ARHOLIADAU YN YSTOD Y CYFNOD ASESU YCHWANEGOL**  **Sections A-E are to be completed by the Student / *Adrannau A-D i’w cwblhau gan y Myfyriwr***  **Section F is to be completed by the College / *Adrannau E-F i’w cwblhau gan y Coleg*** | | | | | | | | | | | |
| **SECTION A / *ADRAN A* (Personal Details / *Manylion Personol*)** | | | | | | | | | | | |
| Student Name in full / *Enw’r Myfyriwr yn llawn*: | | | | | | | | | | | |
| Student Number / *Rhif Myfyriwr:* | | | | | | | | | Today’s Date / *Dyddiad Heddiw*: | | |
| Programme of Study or Research */ Rhaglen Astudio neu Ymchwil:* | | | | | | | | | | | |
| Full-time / Part-time:  *Amser llawn / Rhan-amser:* | | | | | Level or Year of Study / *Lefel neu Flwyddyn Astudio:* | | | | | | |
| **SECTION B (Details of Circumstances) Please attach relevant documentation e.g. medical certificates)**  ***ADRAN B (Manylion yr Amgylchiadau) Atodwch unrhyw ddogfennaeth berthnasol e.e. tystysgrifau meddygol)*** | | | | | | | | | | | |
| Details of Circumstances (please specify modules affected) / *Manylion yr Amgylchiadau (nodwch y modiwlau a effeithir):* | | | | | | | | | | | |
| Period Affected / *Cyfnod a Effeithir*:  **SECTION C / *ADRAN C* (Supporting Documentation / *Dogfennaeth Ategol*)**  Nature of Supporting Documentation / *Natur y Ddogfennaeth Ategol*: | | | | | | | | | | | |
| **SECTION D / ADRAN D (STUDENT DECLARATION / *DATGANIAD MYFYRIWR)*** | | | | | | | | | | | |
| ***I declare that, to the best of my knowledge, all the information I have supplied/attached with this form is true, accurate and complete and acknowledge that the submission of fraudulent information could lead to the University taking disciplinary action.***  *Yr wyf yn datgan, hyd eithaf fy ngwybodaeth, bod yr holl wybodaeth yr wyf wedi’i darparu ar y ffurflen hon/ei hatodi i’r ffurflen hon yn wir, yn gywir ac yn gyflawn, ac yr wyf yn cydnabod y gallai cyflwyno gwybodaeth dwyllodrus arwain at gamau disgyblu gan y Brifysgol.*  ***I give my consent for this information to be circulated to the relevant members of staff for the purpose of processing and investigating my request.***  *Rhoddaf ganiatâd i’r wybodaeth hon gael ei chylchredeg i’r aelodau staff perthnasol at ddiben prosesu ac archwilio fy nghais.*  ***I understand that this is NOT a deferral request form as there are no further opportunities to defer exams during the current academic session.***  *Deallaf NAD ffurflen cais i ohirio yw hon, oherwydd nid oes cyfleoedd arall i ohirio arholiadau yn ystod y sesiwn academaidd gyfredol.*  ***I understand that module marks will not be raised in recognition of any extenuating circumstances.***  *Deallaf na chaiff marciau modiwlau eu codi i gydnabod unrhyw amgylchiadau esgusodol.*  ***I declare that I have been affected by extenuating circumstances which have affected my ability to sit exams during the supplementary period and I understand that by submitting this declaration I am asking the University Exam Board to take these circumstances into consideration when arriving at an academic end of year decision.***  *Rwy’n datgan bod amgylchiadau esgusodol wedi effeithio arnaf, sydd wedi effeithio ar fy ngallu i sefyll arholiadau yn ystod y cyfnod ychwanegol, a deallaf fy mod, drwy’r datganiad hwn, yn gofyn i Fwrdd Arholiadau’r Brifysgol ystyried yr amgylchiadau hyn wrth wneud penderfyniad academaidd ar ddiwedd y flwyddyn.* | | | | | | | | | | | |
| Signed / *Llofnod:* | | | | | | | Date / *Dyddiad:* | | | | |
| **SECTION E (Details of Modules Affected)**  ***ADRAN E (Manylion y Modiwlau a Effeithir)*** | | | | | | | | | |
| **Please indicate the modules affected:**  ***Rhestrwch yr holl fodiwlau a ddilynir a nodwch y modiwlau a effeithir:*** | | | | | | | | | |
| **Module Code / *Cod y Modiwl*** | | **Credits / *Credydau*** | **Date of Exam / *Dyddiad yr Arholiad*** | | **Exam Attempted (Yes/No) / *A roddwyd cynnig ar yr arholiad (Do/Naddo)*** | | | | **Deferral Capped**  **(Yes/No) / *Ydy’r Oedi wedi’i Gapio (Ydy/Nac ydy)*** |
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| **SECTION F / *ADRAN F* (College / *Coleg*)** | | | | | | | | | |
| Form received in the College by: ............................................ Date form received............................  (signature)  *Derbyniwyd y ffurflen yn y Coleg gan: ....................................... Dyddiad derbyn .................................*  *(llofnod)* | | | | | | | | | |
| Additional Information / Notes / Recommendation from the Department/College  *Gwybodaeth Ychwanegol / Nodiadau / Argymhelliad yr Adran/Coleg* | | | | | | | | | |
| Is the student registered with the Disability Office/Wellbeing Service : Y/N  *A yw’r myfyriwr wedi’i gofrestru â’r Swyddfa Anableddau/Gwasanaethau Lles: Y/N* | | | | | | | | | |
| Signature on behalf of Department / College:  *Llofnod ar ran yr Adran / Coleg:* | | | | | | | Date / *Dyddiad:* | | |
| **Forms must be returned to the relevant Assessment and Awards Office, Academic Services, before the Supplementary exam boards take place.**  *Rhaid dychwelyd ffurflenni i’r Swyddfa Asesu a Dyfarniadau perthnasol, Y GOFRESTRFA ACADEMAIDD,* cyn y cynhelir y byrddau arholiadau ychwanegol. | | | | | | | | | |
| **Office use / *At ddefnydd Swyddfa*** | | | | | | | | | |
| Form Received by Academic Services: | Signature / Llofnod ................................................... Date / Dyddiad ......................... | | | | | | | | |