



# NEW COLLEGE

UNIVERSITY OF OXFORD

## Extenuating Circumstances Form

**This form is to be used to notify New College Admissions Office 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 no later than 1 August 2026.**

**This form can be submitted by email to [admissions@new.ox.ac.uk](mailto:admissions@new.ox.ac.uk) or by post to: Admissions Office, New College, Holywell Street, Oxford, OX1 3BN.**

### STUDENT DETAILS

Full Name		
Date of Birth		
Course Name		
UCAS Personal ID		
<b>Is the student aware that you are completing this form on their behalf?</b>	<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
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If you answered 'yes', please provide details:

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<b>EXAMINATIONS AFFECTED</b>			
<b>Qualification</b>	<b>Subject</b>	<b>Module(s)* affected and % of overall qualification the module(s) represent</b>	<b>Has the exam board been notified? Are you anticipating that the exam board will take these extenuating circumstances into account?</b>
<b>* or area(s) of study</b>			
<b>SUPPORTING STATEMENT</b>			
<p>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.</p>			

MEDICAL OR OTHER SUPPORTING EVIDENCE			
<b>Details of documents attached:</b>			
<b>Details of documents to follow separately:</b>			
<b>SCHOOL CONTACT DETAILS</b>			
Please provide the name of a <b>school contact available on A-level results day*</b>			
<b>Full Name</b>			
<b>Job Title</b>			
<b>Email Address</b>			
<b>Telephone Number</b>			
<p>*Even if you are the UCAS referee, please ask the <u>offer holder</u> 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.</p>			
<b>DETAILS OF THE SCHOOL REPRESENTATIVE COMPLETING THIS FORM</b>			
<p><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 New College in accordance with Data Protection regulations.</i></p>			
<p><i>Please see our privacy policy here: <a href="#">New College Privacy Policy</a></i></p>			
<b>Full Name</b>			
<b>Job Title</b>			
<b>Relationship to Applicant*</b>			
<b>Email Address</b>			
<b>Telephone Number</b>			
<b>Signature</b>		<b>Date</b>	
<p>*Even if you are the UCAS referee, please ask the <u>offer holder</u> to sign and date below to confirm that they are happy for us to discuss their application with you.</p>			
<b>OFFER HOLDER SIGNATURE</b>			
<p><i>By completing this section, you are confirming that you give your permission for New College 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></p>			
<b>Signature</b>		<b>Date</b>	