**Self-Certification Form**

Students wishing to submit a Special Considerations or Deadline Extension Request should also submit a self- certification form where:

* You have suffered an illness lasting 1 – 5 consecutive working days for which you did not or could not seek medical advice; or
* You have experienced some other extenuating circumstance where you are unable to provide supporting information

Students wishing to submit a self-certification form are encouraged to contact their Personal Academic Tutor, Senior Tutor, Programme Lead or Director of Programmes to discuss their circumstances.

When completing this form, please refer to the [Regulations Governing Special Considerations (including Deadline Extension Requests) for all Taught Programmes and Taught Assessed Component of Research Degrees](https://www.southampton.ac.uk/~assets/doc/calendar/Special%20Considerations%20Regulations.pdf). Further sources of advice and guidance include the [SUSU Advice Centre](https://www.susu.org/advice-centre) and [Student Disability and Wellbeing](https://www.southampton.ac.uk/edusupport/index.page).

This form can be uploaded as supporting information to the following requests:

* [Special Considerations Form](https://forms.office.com/r/xdkPhq04ig)
* [Extension to Assessment Form](https://forms.office.com/r/DyhNt8mR7n)

## **Your details**

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| --- | --- | --- | --- |
| Forename | Natalie | Family/Surname | Ko-Ferrigno |
| Student ID | 32748361 | Programme Title | MEng Aeronautics and Astronautics – Computational Engineering and Design |

**Your Circumstances**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Period  Affected | Date from: | 12/11/2023 | Date To: | Ongoing | Semester affected | Semester 1 |
| Please describe your circumstances and how they have impacted upon you, including why you are unable to provide supporting information. | | | | | | |
| I have been ill since sunday, leading to tiredness and difficulty focusing on working outside of lectures, which has made it hard to complete my report. I don’t think its necessary to talk to a doctor about it. | | | | | | |

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| **I certify that the information I have given on this Self-Certification form is correct to the best of my knowledge** | | | |
| Student Signature: |  | Date: |  |