

**Extenuating Circumstances Form**

**ating Circumstances Form**

Applicant’s first name:

Applicant’s last name:

Cambridge Course applied to:

Applicant’s UCAS Personal ID:

Date of birth: Day Month Year

Cambridge College applied to: Christ’s College, Cambridge

Name of person completing this form:

**Relationship to the applicant (e.g. teacher/doctor/social worker):**

**Your contact telephone number:**

**Your contact email:**

**Has the applicant left school or college?**

**Applicant’s school or college name** (if known):

**Is the applicant aware and content for you to give this information?**

**Please note that we cannot process an Extenuating Circumstances Form if the applicant is not aware and content for you to give this information, so please do not submit this form if the answer above is no.**

**Please describe the extenuating circumstances and give details about any educational disruption:**

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| --- |
|  |

**Signature of person completing the form**:

**Today’s date**:

**How to send this form**

Please upload this form via the upload tool at
<https://cambridge.eu.qualtrics.com/jfe/form/SV_2c8onJyaPEg5cH4>

**The form must not be password protected**

Please note that we cannot accept forms by email.

**Further information**

For details of how Extenuating Circumstances Forms are used after the 23 October advised deadline, please see the information at <https://www.christs.cam.ac.uk/current-applicants/ecf>