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| **Academic Registry**  **Student Records and Operations**  **Application for a stretched degree**  **(related to disability, including mental health)** | | |  | | | | | | | |
| This form is an application to stretch your degree for disability (including mental health) related reasons. Please read in conjunction with the Stretched Degree Policy and the section related to disability in the Student Handbook: https://www.lboro.ac.uk/students/handbook/changing/stretched-degrees/.  Please note students holding a Tier 4/Student Visa are not usually eligible to stretch their degree. | | | | | | | | | | |
| Process for application   * The Student to discuss stretching their degree, in principle, with their School * The School to provide the student with this application form. * The Student to complete Section 1 and then discuss with Student Wellbeing and Inclusivity (SWAI) who complete Section 2 * The Programme Director processes Section 3 * Associate Dean (Teaching) processes Section 4 * Student Records and Operations processes Section 5 | | | | | | | | | | |
| **Section 1 – Student / applicant to complete** | | | | | | | | | | |
| Name |  | ID Number | |  |  |  |  |  |  |  |
| Email |  | | | | | | | | | |
| School |  | | | | | | | | | |
| Current Programme |  | | | | | | | | | |
| Part to be stretched |  | | | | | | | | | |
| Period of time covered by this application (e.g. 2022-2024) |  | | | | | | | | | |
| Please explain why you are applying to stretch your study programme (in relation to disability) | | | | | | | | | | |
| Student declaration  I confirm that the above information is correct and fully understand the implications of my request to stretch this year of my programme. These could include those relating to reassessment and/or progression on to a further part of my degree programme. I also understand there could be financial implications in relation to support from Student Finance. I understand that undertaking a stretched degree alone will not normally be sufficient grounds for a claim for mitigating circumstances at a later date.  I understand that the final decision as to whether or not a stretched degree is academically feasible for my particular programme of study rests with my School.  Name: Signature:  Date:  **The student should now scan and email this form to** [**studentinclusion@lboro.ac.uk**](mailto:studentinclusion@lboro.ac.uk) **who will pass to the appropriate SWAI Advisor.** | | | | | | | | | | |
| **Section 2 – Head of the Student Wellbeing and Inclusion, or nominee, to complete** | | | | | | | | | | |
| Student Wellbeing and Inclusivity **does / does not** support this request. | | | | | | | | | | |
| Comments / reasons in support of this request: | | | | | | | | | | |
| Head of Student Wellbeing and Inclusion, or nominee, declaration:  I confirm that the above information is correct, and the implications of a stretched degree have been discussed with the student. I am satisfied, based on my knowledge of the student’s health situation and accompanying medical evidence, that this request is a reasonable one.  Name: Position:  Date: Signature:  **SWAI should now scan and email this form to the departmental administrator.** | | | | | | | | | | |

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| **Section 3 – Student’s Programme Director, or nominee, to complete** | |
| The School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **does / does not** support this application. | |
| Comments / reasons for support of this application: | |
| Proposed schedule of modules recommended by the School | |
| First Year of Stretch: Year 20 - 20 | |
| Semester One Modules | Credit Weighting |
| Semester Two Modules | Credit Weighting |
| Total Credit Weighting for Year One: |  |

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| --- | --- |
| Second Year of Stretch: Year 20 - 20 |  |
| Semester One Modules | Credit Weighting |
| Semester Two Modules | Credit Weighting |
| Total Credit Weighting for Year Two: |  |
| Programme Director (or nominee) declaration  I confirm that the above information is correct and that I have fully discussed the implications of a stretched degree with the student.  Name: Signature:  Date:  **The Programme Director should now scan and email this form to their Associate Dean (Teaching).** | |
| **Section 4 – Associate Dean (Teaching) to complete** | |

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| A request for a waiver of programme regulations is hereby submitted to the Academic Registry and is effective once approved by the appropriate AD(T).  Associate Dean (Teaching) declaration:  I confirm the above information is correct and formally request a waiver of regulations.  Name: Signature:  Date:  **AD(T) to pass this form to Student Records and Operations, keeping a copy within the school.** | |
| **Section 5 – Student Records and Operations to complete** | |
| Academic Registry Comments | Student’s record has been amended to split Part \_\_\_\_ of their programme across 20\_\_\_ and 20\_\_\_.  The student is considered to be studying a full-time programme on a part-time basis. |
| Student Records and Operations declaration:  I confirm that the above information is correct and relevant agencies (e.g., SFE) have been informed of changed circumstances.  Name: Signature:  Date:  **Student Records and Operations to email completed PDF form to studentinclusion@lboro.ac.uk for their records.** | |