University of Hertfordshire UH

STRICTLY CONFIDENTIAL

Self-Certification Form

The following information is to support you with the completion of this form which should be used to support your request for Exceptional Circumstances.
Full details are available on AskHerts

When can I use a self-certification form?

You can use the self-certification form for certain circumstances which lasted for no more than 7 days and occured around the time of your assessment. These circumstances include:

- Serious/Urgent physical or mental health condition at the time of assessment.
- Disability including mental health disabilities.
- Death and Bereavement.
- Serious Personal and Domestic circumstances.
- Serious illness in the family.

Guidelines

- You can only self-certify twice per academic year.
- You cannot self-certify for longer than 7 days.
- If you are unwell for longer than 7 days, you will need to support your request with medical evidence. (i.e. GP letter, medical records / reports).
- You can only self-certify for an illness which occurs within the 7 days before an exam or assessment deadline (including weekends and Bank Holidays).
- The self-certification form should be received no later than 7 days after the examination or assessment due date.
  Example: If your assessment was due on the 28/01/2025, you should submit your self-certification form by 04/02/2025.
- Late or incomplete self-certification forms will not be accepted as supporting evidence.
- Once completed, please submit this form to exceptionalcircumstances@herts.ac.uk

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Self Certification Form

Your Details

Full Name:	
Student ID Number:	
Date Form Completed:	

Assessment Details

Course/Programme title:	
Module title(s):	
Module code(s):	
Assessment due date(s):	
Have you submitted the assessment(s)?	Please select an option

Have you used a self-certification form previously? (Yes/No)	Please select an option
If yes, when?	

Self-certification details

You must explain fully how your circumstances impacted you at the time of your assessment. Please ensure that the evidence provided supports this claim and covers the assessment timeframe(s).

Reason Code:	Please select an option

First date of occurrence:	
Last date of occurrence:	

Please explain your reason for self-certification in detail:	

Declarations

- I confirm that I have read and understood the guidance for this form.
- I certify that the information provided above is true and accurate.

☐ **I confirm that I have read, understood and agree with all the statements above.**