

Evidence for exemption from the 'Fit to Sit' policy.

Guidance for students

You have indicated that you were not 'fit to sit' your assessment and you have been asked to submit additional evidence. Please make sure that you are familiar with the exemption to the 'fit to sit' [policy](#). This only applies if a student was not capable of understanding that their health at the time of assessment meant they were unfit to submit or sit their assessment.

Exemptions are only granted in particular, and serious situations and **an exemption will not be granted if it does not meet those criteria.**

This medical professional who completes this form should be someone who has been treating you over the time-period relevant to your assessment.

You should send the completed form to fittosit@herts.ac.uk

Guidance for medical professionals completing this form.

This student attends the University of Hertfordshire. The University has an established system for allowing students to draw to its attention any circumstances that might prevent them from submitting an assessment. However, the University operates a 'fit to sit' policy which means that if a student sits / submits an assessment they are declaring themselves well enough to do so.

This student **sat/submitted** the assessment and is asking you for supporting evidence under **an exemption to the 'fit to sit' rule**, namely, **'the student was not capable of understanding that their health at the time of assessment meant they were unfit to do so'.**

Please be aware that the exemption is narrow and contemplates circumstances such as a psychosis or post traumatic response to an incident close to the assessment date. We would normally anticipate that a mental health practitioner, psychiatrist, or a G.P. who is aware of referrals made to such specialists, would be best placed to offer such evidence. If you require further details on University policy before providing written evidence, please refer to information ([University Policies and Regulations](#)) or contact colleagues at fittosit@herts.ac.uk

Exemption from Fit to Sit policy examples

A student may have impaired decision-making capacity when suffering from a psychotic illness. In this instance, we would expect evidence to come from a psychiatric practitioner who is treating the student or a G.P. who is aware of the formal diagnosis of a psychosis that has been made.

A student may have impaired decision-making capacity when suffering from PTSD following an accident or serious incident. In this instance, we would expect evidence to come from a psychiatric practitioner who is treating the student or a G.P. who is aware of the formal diagnosis that has been made.

A student may have impaired decision-making capacity following an accident causing a concussion or similar injury. In this instance, we would expect the evidence to come from the hospital that treated the student.

Situations that would not normally be considered as exemptions to the Fit to Sit policy are the symptoms of minor ailments such as infections or gastro-intestinal disorders, or depression or anxiety that is not being treated by a psychiatric service.

Exemption Form

Please be aware that the exemption to the Fit to Sit policy is narrow and contemplates circumstances such as a psychosis or post traumatic response to an incident close to the assessment date.

Student Name:

Student Date of Birth:

Please ✓ either A or B below:

Option A:

Please explain briefly below why you believe that this student was not capable of understanding that their mental ill health or adverse situation at the time of assessment meant they are likely not to have had the capacity to decide whether to sit an assessment or submit an assignment.

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Option B:

I am unable to support an exemption to Fit to Sit as current evidence suggests that the above-named student is likely to have had sufficient capacity to decide whether to submit/attend an assessment.

Date(s) of consultation:

Date range when you deem the student to be unfit to sit an assessment or submit an assignment; to

Signed:

Print Name:

Capacity in which you are
making this declaration

Date:

Address:
.....

Email:

Telephone No:

Official Stamp:

A copy of this document will be provided to members of the University’s Exceptional Circumstances team.