**Self-certification form** – you **may** self-certify if you have a serious or urgent physical or mental health condition, lasting not more than 7 days and you decide not to consult your doctor.

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](https://ask.herts.ac.uk/exceptional-circumstances)

* Students may only self-certify twice per academic year, after which medical evidence will be required.
* Students may self-certify only for a condition occurring in the 7 days (including Bank Holidays and weekends) before an examination or submission date and the exceptional circumstances request.
* The self-certification form should be received no later than 7 days (including Bank Holidays and weekends) after the examination or submission date.
* If a condition persists beyond the 7 days covered by the self-certification period, then medical evidence is required
* Students should be aware that submitting fraudulent evidence to support your claim of Exceptional Circumstances will result in a referral being made under the UH Student [Academic Misconduct policy](https://www.herts.ac.uk/__data/assets/pdf_file/0007/237625/AS14-Apx3-Academic-Misconduct.pdf) and/or [Fitness to Practise policy](https://www.herts.ac.uk/__data/assets/pdf_file/0014/233105/SA15-Student-Fitness-to-Practise.pdf).
* The University can support you with a range of services, you can access wellbeing support on [AskHerts](https://ask.herts.ac.uk/student-wellbeing)

**Student Details**

|  |  |
| --- | --- |
| Name: |  |
| Student Number: |  |

**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).*

|  |  |
| --- | --- |
| Have you self-certified previously? (Y/N) |  |
| If yes, when? |  |

|  |  |
| --- | --- |
| Have you previously provided evidence of disability / mental health conditions? (Y/N) |  |
| If yes, when? |  |

|  |  |
| --- | --- |
| Details of your serious or urgent condition: |  |
| First date of your ill health: |  |
| Last date your of ill health: |  |

: by checking this box, I certify that the information provided above is true and accurate

Once complete please submit this form to [exceptionalcircumstances@herts.ac.uk](mailto:exceptionalcircumstances@herts.ac.uk)