Swansea University
Prifysgol Abertawe

DECLARATION OF EXTENUATING CIRCUMSTANCES AFFECTING EXAMS DURING THE SUPPLEMENTARY ASSESSMENT PERIOD / DATGANIAD O AMGYLCHIADAU ESGUSODOL SY'N EFFEITHIO AR ARHOLIADAU YN YSTOD Y CYFNOD ASESU YCHWANEGOL
Sections A-E are to be completed by the Student / *Adrannau A-D i'w cwblhau gan y Myfyriwr*
Section F is to be completed by the College / *Adrannau E-F i'w cwblhau gan y Coleg*

SECTION A / *ADRAN A* **(Personal Details / *Manylion Personol*)**	
Student Name in full / *Enw'r Myfyriwr yn llawn*:	
Student Number / *Rhif Myfyriwr:*	Today's Date / *Dyddiad Heddiw*:
Programme of Study or Research / *Rhaglen Astudio neu Ymchwil:*	
Full-time / Part-time: *Amser llawn / Rhan-amser:*	Level or Year of Study / *Lefel neu Flwyddyn Astudio:*

SECTION B (Details of Circumstances) Please attach relevant documentation e.g. medical certificates)
ADRAN B (Manylion yr Amgylchiadau) Atodwch unrhyw ddogfennaeth berthnasol e.e. tystysgrifau meddygol)

Details of Circumstances (please specify modules affected) / *Manylion yr Amgylchiadau (nodwch y modiwlau a effeithir):*

Please detail the outcome which you would prefer / Nodwch ba ganlyniad fyddai'n well gennych:

Period Affected / *Cyfnod a Effeithir*:

SECTION C / *ADRAN C* **(Supporting Documentation / *Dogfennaeth Ategol*)**

Nature of Supporting Documentation / *Natur y Ddogfennaeth Ategol*:

SECTION D / ADRAN D **(STUDENT DECLARATION / *DATGANIAD MYFYRIWR)***

I declare that, to the best of my knowledge, all the information I have supplied/attached with this form is true, accurate and complete and acknowledge that the submission of fraudulent information could lead to the University taking disciplinary action.
Yr wyf yn datgan, hyd eithaf fy ngwybodaeth, bod yr holl wybodaeth yr wyf wedi'i darparu ar y ffurflen hon/ei hatodi i'r ffurflen hon yn wir, yn gywir ac yn gyflawn, ac yr wyf yn cydnabod y gallai cyflwyno gwybodaeth dwyllodrus arwain at gamau disgyblu gan y Brifysgol.

I give my consent for this information to be circulated to the relevant members of staff for the purpose of processing and investigating my request.
Rhoddaf ganiatâd i'r wybodaeth hon gael ei chylchredeg i'r aelodau staff perthnasol at ddiben prosesu ac archwilio fy nghais.e
I understand that this is NOT a deferral request form as there are no further opportunities to defer exams during the current academic session.
Deallaf NAD ffurflen cais i ohirio yw hon, oherwydd nid oes cyfleoedd arall i ohirio arholiadau yn ystod y sesiwn academaidd gyfredol.

I understand that module marks will not be raised in recognition of any extenuating circumstances.
Deallaf na chaiff marciau modiwlau eu codi i gydnabod unrhyw amgylchiadau esgusodol.

I declare that I have been affected by extenuating circumstances which have affected my ability to sit exams during the supplementary period and I understand that by submitting this declaration I am asking the University Exam Board to take these circumstances into consideration when arriving at an academic end of year decision.
Rwy'n datgan bod amgylchiadau esgusodol wedi effeithio arnaf, sydd wedi effeithio ar fy ngallu i sefyll arholiadau yn ystod y cyfnod ychwanegol, a deallaf fy mod, drwy'r datganiad hwn, yn gofyn i Fwrdd Arholiadau'r Brifysgol ystyried yr amgylchiadau hyn wrth wneud penderfyniad academaidd ar ddiwedd y flwyddyn.

Signed / *Llofnod:*	Date / *Dyddiad:*

SECTION E (Details of Modules Affected)
ADRAN E (Manylion y Modiwlau a Effeithir)

Please indicate the modules affected:
Rhestrwch yr holl fodiwlau a ddilynir a nodwch y modiwlau a effeithir:

Module Code / *Cod y Modiwl*	**Credits / *Credydau***	**Date of Exam / *Dyddiad yr Arholiad***	**Exam Attempted (Yes/No) / *A roddwyd cynnig ar yr arholiad (Do/Naddo)***	**Deferral Capped (Yes/No) / *Ydy'r Oedi wedi'i Gapio (Ydy/Nac ydy)***

SECTION F / *ADRAN F* (College / *Coleg*)

Form received in the College by: ..... Date form received.....
(signature)
Derbyniwyd y ffurflen yn y Coleg gan: ..... Dyddiad derbyn .....
(llofnod)

Additional Information / Notes / Recommendation from the Department/College
Gwybodaeth Ychwanegol / Nodiadau / Argymhelliad yr Adran/Coleg

Is the student registered with the Disability Office/Wellbeing Service : Y/N
A yw'r myfyriwr wedi'i gofrestru â'r Swyddfa Anableddau/Gwasanaethau Lles: Y/N

Signature on behalf of Department / College: *Llofnod ar ran yr Adran / Coleg:*	Date / *Dyddiad:*

Forms must be returned to studentsupport-scienceengineering@swansea.ac.uk
by Wednesday 20th August 2025
Rhaid dychwelyd ffurflenni i'r Swyddfa Asesu a Dyfarniadau perthnasol, Cyfadran Gwyddoniaeth a Peirianneg studentsupport-scienceengineering@abertawe.ac.uk, cyn y cynhelir y byrddau arholiadau ychwanegol.

Office use / *At ddefnydd Swyddfa*

Form Received by Academic Services:	Signature / Llofnod ..... Date / Dyddiad .....