**APPLICATION FORM FOR THE CONDITIONAL ALLOWANCE OF A TERM**

Before completing this application form you should read the Notes for Guidance here: <https://www.student-registry.admin.cam.ac.uk/about-us/EAMC>

You may also wish to refer to the relevant Statutes and Ordinances (Ch. 3 Examinations) at: http://www.admin.cam.ac.uk/univ/so/

**To be completed by the Tutor**

**1 Student details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Surname |  |
| First Name |  | | |
| Student Email |  | | |
| College |  | USN |  |
| Tutor name  (inc. title) |  | | |
| Tutor’s email |  | | |
| Tripos |  | | |

**2 Application details**

I ask that the student named above who has kept \_\_\_\_\_\_\_\_\_\_\_\_ terms by actual residence, *and has not at present been allowed any term*, may be allowed the present term, in which he/she is a member of the University, on the condition that he/she will reside continuously from the last day of residence certified below to the end of Full Term.

Please state the terms you are requesting allowance for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for absence:

|  |
| --- |
|  |

Dates of residence, if any, in the term asked for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please append any evidence in support of this application. Medical evidence should be accompanied by a completed* [*Student Declaration Form.*](https://www.student-registry.admin.cam.ac.uk/about-us/EAMC)

Tutor’s signature:

Tutor’s email:

Date:

Yes / No

The student is aware of the full contents of this application