**APPLICATION FORM TO DISREGARD TERMS**

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/

**Student details. All fields are compulsory**

|  |  |  |  |
| --- | --- | --- | --- |
| USN |  |  |  |
| Surname |  |
| First name (s) |  |
| College |  |

**Student’s record to date**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academical year** | **Tripos & Part e.g. MAT0**  | **Terms kept** | **Result** |
| **M** | **L** | **E** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Please indicate what is being applied for.**

|  |  |  |
| --- | --- | --- |
| **Application for intermission** |  | \*Where a student’s supervision is a departmental responsibility or when a return in either a **Lent** or an **Easter** Term is proposed, the College should check with the department that the application is academically feasible and **provide confirmation** with this application form. |
| Date student went out of residence |  |
| Proposed date / term for student’s return\* |  |

*Or*

|  |  |
| --- | --- |
| **Application to be put in standing for examinations** |  |
| Terms to be disregarded |  |
| Details of permission being sought. E.g. move from tripos A to tripos B |  |

|  |
| --- |
| **If resumption after a period of disregarded terms is subject to College conditions in addition to satisfactory evidence (e.g. a College test), please indicate those conditions here:** |

**Checklist**

**This application must be accompanied by ALL the relevant information specified below. Forms without this information will be returned to the college by the Secretary to the Committee which may result in a delay in the case being considered.**

|  |  |
| --- | --- |
| For a request to disregard terms, it is expected that the Tutor will normally provide a letter, outlining what the student will do on return. Please tick if a letter has been provided. |  |
| Medical evidence. Please note that the requirement is evidence, not merely a declaration that the student was ill |  |
| A completed student declaration form, confirming the student’s consent for the medical evidence to be submitted and made available as indicated on the form. |  |
| Supervision reports for the academical year(s) in question. Where an application concerns an undivided two-year Part I, supervision reports for both years should be submitted. |  |

|  |  |
| --- | --- |
| Tutor |  |
| Tutor’s email |  |
| Tutor’s signature & date |  |

|  |  |
| --- | --- |
| The college supports this application | Yes / No |
| If no, the college have explained this to the student | Yes / No |
| The student is aware of the full contents of this application | Yes / No |

|  |  |
| --- | --- |
| Name of Senior Tutor |  |
| Senior Tutor’s signature & date |  |