**APPLICATION FORM TO RESUME STUDY**

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 |  | | |
| Tripos |  | | |

|  |  |
| --- | --- |
| **If conditions for resuming study were set, have these been met?** | Yes / No |

A student may not resume study without the permission of the Committee.

**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.**

|  |  |
| --- | --- |
| Medical evidence.  Please note that the requirement is evidence that the student is now well enough to resume study, as well as any ongoing support needed |  |
| A [completed student declaration form](https://www.student-registry.admin.cam.ac.uk/about-us/EAMC), confirming the student’s consent for the medical evidence to be submitted and made available as indicated on the form. |  |

|  |  |
| --- | --- |
| 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 |

|  |  |
| --- | --- |
| Tutor Name |  |
| Tutor Signature and Date |  |
| Senior Tutor’s signature and Date |  |