**APPLICATION FORM FOR AN EXAMINATION ALLOWANCE**

Before completing this application form you should read the Guidance Notes 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 |  |
| Email |  |
| Title |  |
| 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.**

[**The Guidance Notes**](https://www.student-registry.admin.cam.ac.uk/about-us/EAMC) **offer further details of each allowance.**

|  |  |
| --- | --- |
| **Allowed to Progress**(To be used when a student would not otherwise be in standing to progress to the next stage.)  |  |
| **Declared to have deserved honours** (final year students only) |  |
| **Ordinary BA degree**(final year students only) |  |
| **Allowed the examination**(final year students only when the exam is not Honours. e.g. MASt or MBA degrees) |  |
| **Reconsideration of an original result**(to be used to have a small part of the examination discounted and student re-classed) |  |

**Does the student also require disregarding terms?**

|  |  |
| --- | --- |
| **Date student went out of residence** |  |
| **Proposed date / term for student’s return\*** |  |
| **Is the student proposing to return to the same Tripos?** | Y / N |

\*In instances 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.

|  |
| --- |
| **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.**

|  |  |
| --- | --- |
| It is expected that the Tutor will normally provide a letter.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 |  |
| Student Support Document (SSD) (where applicable). |  |
| 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. |  |
| All Supervision reports to date.  |  |
| All available exam marks for the relevant examination and the marking and classing criteria where available.  |  |
| The student and College have read the published [Guidance Notes for Examination Allowances](https://www.student-registry.admin.cam.ac.uk/about-us/EAMC) |  |

|  |  |
| --- | --- |
| Tutor name (inc. title) |  |
| Tutor’s email |  |
| Tutor’s signature |  |
| Date |  |

|  |  |
| --- | --- |
| The student is aware of the full contents of this application | Yes / No |

|  |  |
| --- | --- |
| Senior Tutor |  |
| Senior Tutor’s signature |  |
| Date |  |

EXAMINATION ACCESS AND MITIGATION COMMITTEE

**Student Declaration Form 2021-2022**

**DECLARATION**

I confirm that I give my consent for the enclosed supporting medical evidence to be submitted to my College Tutor and made available, on a confidential basis, to the Medical Adviser(s) (and the Secretary and Assistant Secretary of the Committee for office purposes only) of the University’s Examination Access and Mitigation Committee.

I understand that only the Medical Adviser(s) (and the Secretary and Assistant Secretary of the Committee for office purposes only) have access to the medical evidence. The Medical Adviser(s) may, on a need to know basis, read out sections of the medical evidence to the Committee on a strictly confidential basis. It is the Medical Adviser(s) who make a recommendation on the application based on the professional assessment of the medical evidence provided.

The University undertakes to handle this information carefully in accordance with the requirements of data protection legislation and will not divulge its contents to any third party or use it for any other purpose without your further consent. General details about the University’s use of personal information are published at <https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data>

I understand that the medical evidence will form the medical record relating to my application.

|  |  |
| --- | --- |
| Name (Block Caps) |  |
| College |  |
| Signature |  |
| Date |  |

**You should complete and return this form to your Senior Tutor who will send it, on your behalf together with a copy of the application and supporting medical evidence, to the Assistant Secretary of the Examination Access and Mitigation Committee.**