**APPLICATION FORM FOR AN EXAMINATION ALLOWANCE**

**(FOR CERTAIN POSTGRADUATE COURSES)**

This application form is to be used by Colleges on behalf of Postgraduate taught students registered for the MPhil by Advanced Study, MRes, MEd or MSt degrees, the Diploma in Economics, the Postgraduate Diplomas in Legal Studies and in International Law, or the Certificate of Postgraduate Study (CPGS).

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. VI and VII ‘Allowances for illness, etc’) at: http://www.admin.cam.ac.uk/univ/so/

**Student details. All fields are compulsory**

|  |  |  |
| --- | --- | --- |
| USN |  | |
| Email |  | |
| Title |  | |
| Surname |  | |
| First name (s) |  | |
| College |  | |
| Course  (e.g. MPhil in Economics) |  | |
| Degree Committee |  | |
| Tutor’s name |  | |
| Tutor’s email |  | |
| Date of formal notification of outcome of examination (if applicable) | |  |
| Has the student also applied for intermission? | | Yes / No |

**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.**

|  |  |
| --- | --- |
| **Be approved for the qualification for which the student is registered without further examination**  (NB. This is only possible if the Degree Committee judge the student to have performed with credit in a substantial part of the examination/course as a whole) |  |
| **Be allowed the opportunity to be examined or re-examined**  (The EAMC together with the relevant Faculty will offer the student a suitable alternative examination or re-examination if approved) |  |

**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 Graduate 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 |  |
| 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 (where applicable) |  |
| All available exam marks (including provisional 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’s signature |  |
| Date |  |

The College Tutorial Office should return the form and supporting paperwork to the Exam Access and Mitigation Committee (EAMC) via [eamc@admin.cam.ac.uk](mailto:eamc@admin.cam.ac.uk).

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 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.**