**APPLICATION FORM FOR AN EXAMINATION ALLOWANCE**

**(FOR CERTAIN POSTGRADUATE COURSES)**

This application form is to be used by Postgraduate students on taught programmes which includes 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/.

**Complete your 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) | |  |
| Have you 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 you are 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 by the Secretary to the Committee which may result in a delay in the case being considered.**

**Please tick to indicate your agreement with the following:**

|  |  |
| --- | --- |
| I have read and understood the Guidance notes for Examination Allowances available at: <https://www.student-registry.admin.cam.ac.uk/about-us/EAMC>. |  |
| Evidence has been provided to support the allowance being sought.  Where medical evidence is provided, this must be actual evidence, not merely a declaration that you were ill. |  |
| A completed [student declaration form](https://www.student-registry.admin.cam.ac.uk/about-us/EAMC) has been provided, confirming my consent for the medical evidence to be made available as indicated on the form. |  |
| (**Optional**) A Student Support Document (SSD) has been provided, where applicable. |  |
| All supervision reports to date, have been provided. |  |
| All available exam marks for the relevant examination and the marking and classing criteria, where available, have been provided. |  |
| I confirm that any statement I have included from someone has been provided with the explicit consent of that person and that they are aware their statement will be shared with the Committee. |  |
| **(Optional Statement)** **I do not** want the University to share my application or evidence with my College.  Please note that where an outcome from the Committee results in a change to your academic record, this outcome will be shared with your College. |  |
| I declare that the information I have given on this form is true, correct, and complete, to the best of my knowledge. |  |
| **Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

You 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**

**DECLARATION**

I confirm that I give my consent for the enclosed supporting medical evidence to be submitted 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, with a copy of your application and supporting medical evidence, to the Assistant Secretary of the Examination Access and Mitigation Committee.**