**STUDENT 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/

**Complete your details. All fields are compulsory.**

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

**Your record to date.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academical year** | **Tripos & Part** | **Terms kept** | | | **Result** |
| **M** | **L** | **E** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**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 you would not otherwise be in standing to progress to the next stage or to seek an opinion on whether there are mitigating circumstances, which would warrant reconsideration of progression onto a Part III course). |  |
| **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 your examination discounted and re-classed. Please clearly state in your personal statement which module is being requested) |  |

|  |  |
| --- | --- |
| **Have you been involved in any other University process that affected your exam marks or Class, or are you currently involved in any other process that could affect your exam marks or Class?**  (E.g. Academic Misconduct or the Examination Review Procedure) | Y / N |
| **If yes, please provide further detail below including the process and the outcome following this, if known:** | |

**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>. |  |
| A personal statement has been provided.  Any such statement should be clear and concise. |  |
| 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. The evidence must not be redacted. |  |
| 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.  A [SSD](https://www.disability.admin.cam.ac.uk/student-support-documents) is created by the ADRC. Please provide the full SSD, the disability information and document sections. |  |
| All supervision reports to date, have been provided. |  |
| A copy of the timetable and all available exam marks for the relevant examination and the marking and classing criteria 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. |  |
| I understand that the University will inform my College that an application has been made, and the subsequent outcome. The content of my application including the evidence submitted, will not be shared with my College.  Colleges are informed to ensure that they can prepare for and/or implement any changes arising from the outcome, such as accommodation, allocation of a Tutor etc. |  |
| I declare that the information I have given in this application is true, correct, and complete, to the best of my knowledge. |  |
| **Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

You should return the form and supporting paperwork to the Examination 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.**