



**Student Declaration form to be used for:**

- 1) **an application for an examination allowance on medical grounds;**
- 2) **permission to return to study following an examination allowance on medical grounds**
- 3) **permission to return to study following a period of intermission on medical grounds**

**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 Board of Graduate Studies and its Medical Adviser(s) (please tick as appropriate).

Yes	No
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Only members of the Board of Graduate Studies and its medical adviser(s) and the College have access to the medical evidence. The medical adviser makes a recommendation based on the professional assessment of the medical evidence provided.

The University undertakes to process the information lawfully and in accordance with the Data Protection Act 1998 and will not divulge its contents to any third party or use it for any other purpose without your express consent.

I agree that my College may contact my Medical Practitioner for further information (for instance to confirm that he or she has read the Board's Guidelines for Medical Practitioners or to help ensure the continuation of any medical care or other support on my return to Cambridge.)

Yes	No
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Surname:	Forename(s):	USN:
College:	Signature:	Date:

Please return this form and supporting paperwork to Kerri Gardiner, Secretary of the Board of Graduate Studies, The Student Registry, 4 Mill Lane or submit a completed, scanned copy by email to [kerri.gardiner@admin.cam.ac.uk](mailto:kerri.gardiner@admin.cam.ac.uk)