

The Student Registry

Academic Division

**Application Form for students wishing to return to study**

**This student should be used for students who wish to return to study following:**

1. **an examination allowance on medical grounds, or;**
2. **a period of intermission on medical grounds**

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| --- | --- | --- | --- |
| Surname: | Forename(s) | Date of Birth (dd/mm/yy) | USN |
| College | Tutor | | Tutor’s email |
| Course (e.g. MPhil in Economics): | | | |
| Please state below when the student wishes to resume study: | | | |

**To be completed by the College**

This form MUST be accompanied by the information specified below. Forms without this information will be returned to the College.

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1. Supporting medical evidence which provides an assessment from the relevant medical practitioner which addresses all the issues raised in the original medical evidence and attests to the student’s fitness to resume study and/or sit examinations. The statement should also confirm that the medical practitioner has read the guidelines for medical practitioners issued by the Board of Graduate Studies, and should indicate recommendations for continuing medical care or management of a condition on the student’s return to Cambridge. Wherever possible the assessment should be from the same practitioner providing the original evidence for the application for exceptional permission to go out of residence. Where the student may have, subsequently, been under specialist medical or psychiatric supervision, the assessment should be from that practitioner rather than the student’s GP. The College may reserve the right to seek a further independent assessment.
2. A completed student declaration form confirming or withholding the student’s consent to make their medical evidence available to the Board of Graduate Studies and its medical advisers.

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| --- | --- | --- |
| Tutor’s signature: | Date: | |
| The College supports this application | Yes | No |
| If “No”, this has explained been explained to the student | Yes | No |
|  | | |
| Senior Tutor’s (or equivalent) Signature: | Date | |

Please return this form and supporting paperwork to Dr Kate Maxwell, Secretary of the Board of Graduate Studies, The Student Registry, 4 Mill Lane or submit a completed, scanned copy by email to kate.maxwell@admin.cam.ac.uk