**APPLICATION FORM FOR AN ADJUSTED MODE OF STUDY (AMS)**

This form is for registered students studying on a full-time taught course, where there is no part-time equivalent, who require to study each full-time year of study over two academic years, as a reasonable adjustment.

Before completing this application form, please read the [AMS Guidance Notes 2025-26](https://www.cambridgestudents.cam.ac.uk/exams/adjusted-mode-assessment-ama) and the [Code of Practice: Access and Inclusion for Disabled Students](https://www.educationalpolicy.admin.cam.ac.uk/supporting-students/supporting-disabled-students).

The deadline for AMS Applications is **12 September 2025** to begin in Michaelmas Term 2025, and **Friday 28th November 2025** to commence in Lent Term 2026.

Before completing this application, the student and Tutor must have considered and discussed alternative reasonable adjustments available. There is no guarantee that an AMS will be granted. A student should not assume that an application will be successful or make choices about their study based on an AMS application until such time, if any, that an application is approved. While an application is being considered, the student must continue to study on a full-time basis, if currently undertaking study.

Please submit all completed application forms to: examarrangements@admin.cam.ac.uk.

**Unless indicated, all fields are compulsory. Incomplete application forms will be returned.**

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**1. Student details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **USN** |  |  |  |
| **Surname** |  |
| **First name(s)** |  |
| **College** |  |
| **Tutor** |  |
| **Tutor email** |  |
| **Senior Tutor** |  |
| **Senior Tutor email** |  |
| **ADRC Adviser** **(if known)** |  |
| **ADRC Adviser email****(if known)** |  |
| **Month/year student registered with the ADRC** |  |

**2. Student’s record to date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic year** | **Course/Tripos Part, e.g. MAT0** | **Exam result** | **Under AMA/S (Y/N)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3. Course application details:**

|  |  |
| --- | --- |
| **Student’s course/Tripos** **e.g. BA, MPhil** |  |
| **Requested year of course / Tripos Part for the AMS** |  |
| **Requested start term/academic year for** **the AMS** **(circle as appropriate)** | **Michaelmas Term 2025** (deadline for applications - 12 September 2025)**Lent Term 2026**(deadline for applications - 28 November 2025)**Michaelmas Term 2026**(Deadline for applications - 11 September 2026) |
| **Has the student previously been granted an AMS (1 year over 2)?** (if ‘yes’ and the condition remains unchanged skip to question 7) | **Yes / No****(If ‘Yes’ and the condition remains unchanged, skip to question 7)** |
| **Reasonable adjustments/AMA currently in place for study and assessment/exams.** |  |

**4. Threshold and evidence**

The evidence provided with the application needs to demonstrate that “*the student would be caused substantial disadvantage in relation to their studies, as a result of their disability; and such disadvantage cannot be sufficiently mitigated by standard or enhanced reasonable adjustments.”*

The following types of evidence are required, depending on the type of condition, please confirm which have been included:

|  |  |  |
| --- | --- | --- |
| **Type of disability/ condition** | **Evidence required** | **Please tick** |
| Physical disability | From specialist practitioner or GP:* confirmation of the disability; and
* relevant details on any limitations to the student’s ability to undertake full-time study.
 |[ ]
| Specific Learning Difficulty (SpLD) | From a practitioner psychologist or a qualified specialist teacher holding an SpLD Assessment Practising Certificate:* Diagnostic assessment report
* evidence of the student’s abilities to undertake assessments
 |[ ]
| Chronic or relapsing/ remitting condition | From a consultant or qualified specialist:* Diagnosis by a consultant or specialist
* a treatment plan (where appropriate)
* relevant details on any limitations to the student’s ability to undertake full-time study
 |[ ]
| Mental health condition |  |  |

**5. Explanation of the reasons for the AMS**

(leave blank if AMS is already in place and condition remains unchanged)

|  |
| --- |
| Please explain the need for an AMS, including why other reasonable adjustments to study would not alleviate the disadvantage caused by the student’s disability. This should include an explanation and evidence for why other reasonable adjustments (including long coursework extensions) would be insufficient, either because they have been attempted and failed; or where there is medical evidence confirming these would be insufficient.  |
|  |

**6. Proposed academic year split of papers/other work per module enrolled:**

|  |
| --- |
| * Include the number of papers necessary to complete the Part (or course, if not Tripos), even if some are optional and the student may choose a different option within the second year
* Include all assessments, including coursework or dissertations and confirm whether these have already been completed
 |
| **Paper number / module** | **Current mode of assessment** **(exam, coursework)** | **Proposed year of completion**  |
| *e.g. Paper 1* | *3 hour exam* | *2025/26* |
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**7. Checklist**

This application must be accompanied by ALL the relevant information specified below. Incomplete applications will be returned to the College, which will result in a delay in the application being considered.

|  |
| --- |
| A letter from the Tutor, outlining the context for the application. |[ ]
| A letter from the Senior Tutor, confirming the case as laid out in the application. |[ ]
| A letter from the Director of Studies on the proposed split of papers across two years, provided following liaison with the relevant Department contact to ensure the requested split of papers would be academically feasible. |[ ]
| Medical evidence as outlined in section 4. |[ ]
| A statement from the Accessibility and Disability Resource Centre (ADRC). |[ ]
| (Optional) A personal statement from the student that outlines how their disability impacts their daily and academic life. |[ ]
| Student Support Document (SSD) the **most recent** version. If the student’s SSD is being reviewed, do not wait for this to be completed to apply. |[ ]
| A signed student declaration form. |[ ]

**8. College declaration**

|  |  |
| --- | --- |
| **Statement** | **Tick to confirm** |
| The College understands that the AMS requested may not be granted. |[ ]
| The College has read the published [AMS Guidance Notes](https://www.cambridgestudents.cam.ac.uk/exams/adjusted-mode-assessment-ama). |[ ]
| The College believes the application meets the threshold for an AMS:*Based on the evidence provided, the student would be caused substantial disadvantage in relation to their studies, as a result of their disability; and such disadvantage cannot be sufficiently mitigated by standard or enhanced reasonable adjustments.* |[ ]
| The student is aware of the full contents of this application. |[ ]

**9. Senior Tutor declaration:**

The content of the Tutor’s letter is an accurate reflection of the student’s circumstances and this application

Additional comments:

|  |  |
| --- | --- |
| **Senior Tutor’s signature** |  |
| **Date** |  |

**ADJUSTED MODE OF STUDY STUDENT DECLARATION FORM**

Contact: examarrangements@admin.cam.ac.uk

#  STUDENT DECLARATION

Applications must be accompanied by a completed student declaration. The student shall tick and sign to confirm agreement with the following statements:

**Please tick to confirm understanding and agreement to the following statements**:

|  |  |
| --- | --- |
| **Statement** | **Tick to confirm** |
| I have read the published [AMS Guidance Notes 2025-26](https://www.cambridgestudents.cam.ac.uk/exams/adjusted-mode-assessment-ama). | ☐ |
| I am aware of the full contents of this application and can confirm it is an accurate and correct account of the situation, to the best of my understanding. | ☐ |
| I believe the application meets the threshold for an AMS, set out in the Guidance Notes and in section 4 of the form. | ☐ |
| I am aware that I can provide a brief statement outlining the impact of my disability and the necessity of studying one year’s worth of study over two academic years. | ☐ |
| I understand that the AMS may not be granted and alternative reasonable adjustment may be provided, as determined by the University. | ☐ |
| I confirm that I give my consent for the enclosed supporting evidence to be provided, on a confidential basis, to the members of the University’s Examination Access and Mitigation Committee, and supporting administrators. | ☐ |
| I understand that the evidence will form part of the record for any future applications to the University’s Examination Access and Mitigation Committee. | ☐ |
| I understand that I must continue to work in a full-time capacity until such time, if any, that the AMS application is approved. | ☐ |
| *(Optional)*I understand that the College will submit this application and I will receive an outcome directly from the University (with the College copied into it).*By ticking this box, you have opted-in to receive your outcome directly from the EAMC team administrators. If you leave the box blank, the outcome will only be sent your College, who will ensure you are made aware of the outcome.* | ☐ |

|  |  |
| --- | --- |
| **Name** (Block Caps or typed) |  |
| **Signature** (typed or signed) |  |
| **Date** |  |

The University shall handle this information [in accordance with the](https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data) [requirements of data protection legislation and will not div](https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data)ulge 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-protection-regulation>.