**APPLICATION FORM: CONDITIONAL ALLOWANCE OF A TERM**

Before completing this application form, the College and student **must** read the [Guidance](https://www.cambridgestudents.cam.ac.uk/exams/about-eamc/guidance-notes-and-application-forms).

The Guidance complements the relevant [Statutes and Ordinances (Ch. 3 Examinations)](http://www.admin.cam.ac.uk/univ/so/).

Email the completed form and supporting evidence to [eamc@admin.cam.ac.uk](mailto:eamc@admin.cam.ac.uk).

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| --- |
| Criteria for the conditional allowance of a term  For students who are required to be resident for a specific number of terms:   * foundation year students * undergraduate students * postgraduate students on the following courses: EMBA; LLM; MAcc; MASt; MBA; MCL; MEng; M.Fin; MMath; MMus; MSci; PGCE, MArch.   Students who have lived outside of Cambridge for more than 20 days in a term (or 17 days in Easter Term) due to illness or grave cause but do not wish to intermit, a ‘conditional allowance of a term’ must be granted in order for a student to continue on the course.  Illness or grave cause is:   1. serious; 2. unanticipated; 3. entirely beyond the student’s control; 4. close in time to the assessment; and 5. evidenced by contemporaneous evidence from an independent, appropriately qualified source |

**1. Student details**

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

**2. Application details**

|  |  |  |
| --- | --- | --- |
| No. of terms the student has resided in Cambridge |  | |
| The term(s) being requested to be ‘allowed’ without full residency requirements |  | |
| Dates of residence, if any, for the term(s) requested to be allowed |  | |
| I am applying for the student, who is currently a member of the University, to be allowed the present term. I understand that this shall require the student to reside continuously in Cambridge from the last day of residence certified below to the end of Full Term. | | Yes / No |

**3. Reason for absence:**

*Brief explanation of illness or grave cause*

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|  |

**4. Supporting evidence**

***This application must be accompanied by ALL evidence.*** *Where applications are incomplete, it is likely that consideration of the application shall be delayed until the following Committee meeting.*

|  |  |
| --- | --- |
| ***Evidence*** | ***Tick to confirm*** |
| Tutor or Senior Tutor letter detailing the reason for the application |  |
| Contemporaneous, independent evidence, complying with the Guidance  *(e.g. medical evidence for illness)* |  |
| Where relevant, the Student Support Document (SSD) – all sections |  |
| Supervision reports for the academical year(s) in question |  |

**5. Tutor and Senior Tutor details**

|  |  |
| --- | --- |
| Tutor name *(inc. title)* |  |
| Tutor email |  |
| Tutor signature |  |
| Date of signature |  |

|  |  |
| --- | --- |
| Senior Tutor name *(inc. title)* |  |
| Senior Tutor signature |  |
| Date of signature |  |

***The following section must be completed by the student***

**6. Student Declaration**

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

|  |  |
| --- | --- |
| ***Statement*** | ***Tick to confirm*** |
| I have read the Guidance notes (linked at the top of this form). |  |
| 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 confirm that I believe my application meets the criteria set out in the Guidance and listed at the beginning of the form. |  |
| I confirm that I give my consent for the enclosed supporting evidence to be provided, on a confidential basis, to the 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. |  |
| *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. If you leave the box blank, the outcome will be sent your College only, who will ensure you are made aware of the outcome.* |  |

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

The University shall handle this information 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>