**APPLICATION FORM: RE-SIT EXAM ALLOWANCE FOR FOUNDATION YEAR**

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 re-sit exam allowance for the foundation year  This application form is for students on the foundation year programme, who wish to re-sit their examination because it was impacted by illness or grave cause.  Illness or grave cause that 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 |  | | | |
| Has the student been involved in any other University process that affected their exam marks, including an ongoing process?  *e.g. academic misconduct or the Examination Review Procedure. Where answering ‘yes’, details must be included in the Tutor letter.* | | | | Yes / No |

**2. Where the student requires disregarded terms if the re-sit is approved**

|  |  |  |
| --- | --- | --- |
| Date student went out of residence | |  |
| Proposed date / term for student’s return\*  *\*Where a proposed return is either Lent or Easter Term, the College must check with the Foundation Year Programme Team that the application is academically feasible and* ***provide confirmation*** *with this application form.* | |  |
| College conditions of return  *Indicate any College conditions that the student will need to satisfy prior to resuming studies. Conditions of return relevant to the University shall be considered by the Committee (e.g. evidence of engagement with treatment, evidence of fitness to resume and sustain studies).* |  | |

**3. Reason for application**

*Brief summary e.g. student missed the exam due to illness, as outlined in Tutor’s letter*

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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.*

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| --- | --- |
| ***Evidence*** | ***Tick to confirm*** |
| Tutor and/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**

*Where the student is making a ‘direct application’ the Tutor’s name should be completed all other boxes can be left blank. Colleges will be informed of all direct applications but will not receive copies of any medical or other sensitive evidence attached with the application.*

|  |  |
| --- | --- |
| 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***

**8. 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 am aware that I can provide a brief statement outlining the impact of the illness or grave cause, which must be concise, factual and linked to the relevant criteria. |  |
| 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>.