**INTERMISSION APPLICATION FORM: TO DISREGARD TERMS**

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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| **Students eligible for intermission under this process**  Students on the following courses can intermit/have terms disregarded:   * Foundation year * Undergraduate courses (Tripos), including integrated masters courses * The following postgraduate taught courses:   + MASt degrees in all subjects   + MBA and EMBA;   + LLM and MCL;   + One year masters courses including: MAcc; MMus; March; MFin   + PGCE;   + Bachelor of Medicine, Veterinary Medicine or Surgery;   + Bachelor of Theology for Ministry   **Criteria for intermission**  Intermission is granted where students have experienced illness or grave cause. For other exceptional circumstances please see the [guidance](https://www.cambridgestudents.cam.ac.uk/exams/eamc/guidance-notes-and-application-forms/when-something-goes-wrong-exams-and-deadlines).  Illness or grave cause is:   1. serious; 2. unanticipated; 3. entirely beyond the student’s control; and 4. evidenced by contemporaneous evidence from an independent, appropriately qualified source   **Deadlines for intermission**  Applications for intermission should be received in the term where the student’s studies were first impacted by the illness or grave cause, and **must be** received in advance of the student starting their Easter Term exams.  Exceptional anticipated circumstances requiring intermission must be applied for in advance of the academic year affected.  Retrospective intermissions can be applied for within 14 days of the publication of exam results, where the result is a fail. |

**1. Student details**

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

**2. Student’s record to date**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academical year** | **Tripos & Part e.g. MAT0** | **Terms kept** | | | **Result** |
| **M** | **L** | **E** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**3. Application details**

*Complete the details for either: an application for intermission; or to be put in standing for exams*

|  |  |
| --- | --- |
| Application type (choose one) | |
| Intermission | Y / N |
| Disregarding terms for the purpose of being put in standing to sit examinations | Y / N |
| Disregarding terms to enact a University or College decision  *(e.g. temporary removal from studies as a result of a Capability to Study decision)* | Y / N |
| Retrospective intermission  *(Applications must be received within 14 days of published exam results, where the result is a fail, see the guidance for the additional criteria)* | Y / N |

|  |  |
| --- | --- |
| Date student went out of residence (where relevant)  *(This must match the date entered in CamSIS)* |  |
| Proposed term for student’s return (where relevant)  *(where a return is for LT or ET, or where it is the department is responsible for supervisions, the College must have checked with the Department that the return is academic feasible)* |  |
| Terms to be disregarded  *Example: MT25, LT26, ET27.* |  |

**4. Reason for application**

*Brief summary e.g. illness as outlined in Tutor’s letter; move from Tripos A to Tripos B*

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**5. Conditions of return**

*The Committee shall consider conditions of return relevant to the University (e.g. evidence of engagement with treatment, evidence of fitness to resume and sustain studies). Please indicate any College conditions that the student will need to satisfy prior to resuming studies.*

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**6. Supporting evidence**

***The application form 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 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 |  |

**7. 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***

**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>.