**APPLICATION FORM: RECONSIDERATION OF AN ORIGINAL RESULT**

An application to reconsider an original result for the purposes of re-classing can be made for an undergraduate or postgraduate student who is undertaking an award which is ‘Classed’ e.g. granted a Class of 1, 2.i, 2.ii, or 3; or for postgraduates on a course stipulated in the guidance, where the course is not classed but there are higher awards available e.g. Merit and Distinction.

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.

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| Criteria for receiving an allowance for reconsideration of an original resultA student’s assessment(s) (exam, coursework or other formal assessment where the marks contribute to the student’s formal examination result) are impacted by illness or grave cause. Where the illness or grave cause has only affected a single or small part of the assessments undertaken (usually up to 25% of the examination) and the student wishes to be re-classed on the basis of the unaffected assessments.Illness or grave cause is:* serious;
* unanticipated;
* entirely beyond the student’s control;
* close in time to the assessment; and
* evidenced by contemporaneous evidence from an independent, appropriately qualified source

Additional criteria* re-classing the student on the basis of the unaffected assessments must change the student’s class that has been awarded by the Examining Board, this could be the Class for a Tripos Part or the Overall Degree Class;
* the student must have performed at the **higher class** in all of the assessments unaffected by the illness or grave cause, e.g. all those assessments other than the one or small part to be removed from the classification calculation;
* there must be sufficient academic evidence, e.g. supervision reports, that the student performed more poorly in the affected assessment than expected;
* the affected mark cannot have been lowered as a result of academic misconduct or a disciplinary sanction.
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**1. Student details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | USN |  |
| Surname |  |
| First name(s) |  |
| College |  |
| Email |  |
| Course/Tripos *(e.g. Law Tripos)* |  |
| Date of formal notification of examination results*Students have 3 months to make an application from the date of publication* |  |
| 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. Student record to date**

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

**3. Reconsideration of an original result details**

*To be used to have a small part of the examination discounted and student re-classed*

|  |  |
| --- | --- |
| Title of Paper, Coursework or Dissertation |  |
| Paper Code*(As stated on CamSIS)* |  |

**4. Reason for application**

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

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**5. 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 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  |[ ]

**6. 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>.