**APPLICATION FORM: RESUME STUDY**

When a student is returning to their studies, either following a period of intermission or for other reasons, Colleges shall apply for students to resume study. A student cannot resume studies unless permission has been granted.

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 resuming studiesStudent must have met the conditions set by the Committee for return and be able to evidence this.The deadline for a college to apply for a student to return for the academic year is **24 August**; for the calendar year is **24 November**; and for return in the Easter term is **24 March**. Any applications received after this date may be delayed with an outcome not known before the start of the term, putting the student’s return to study in jeopardy. |

**1. Student details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | USN |  |
| Surname |  |
| First name(s) |  |
| College |  |
| Email |  |
| Course/Tripos |  | Returning into which tripos part |  |
| Resuming TermDelete as appropriate | Michaelmas Lent Easter |
| *For returns from intermission:* Is the student applying to resume study in line with the period of intermission that has previously been granted. | Yes / No |
| If conditions for resuming study were set, have these been met?*Evidence must be provided of conditions being met* | Yes / No |

**2. Confirmation of reasons for resuming study**

*Brief summary e.g. the student has provided medical evidence that they are fit to resume and sustain studies, in line with the requirements of the permission to disregard terms*

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**3. 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 relevant information*Including where College conditions were set or where the student has engaged with College prior to the return* |[ ]
| Contemporaneous, independent evidence, complying with the Guidance *e.g. medical evidence from treating doctor confirming the student engaged with treatment* |[ ]

**4. 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>.