**COLLEGE APPLICATION FORM FOR A RE-SIT EXAMINATION**

**Foundation Year programme only**

Before completing this application form you should read the Notes for Guidance here: <https://www.student-registry.admin.cam.ac.uk/about-us/EAMC>

You may also wish to refer to the relevant Statutes and Ordinances (Ch. 3 Examinations) at: http://www.admin.cam.ac.uk/univ/so/

**To be completed by the College. All fields are compulsory.**

**Student details.**

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

**Does the student also require disregarding terms?**

|  |  |
| --- | --- |
| **Date student went out of residence** |  |
| **Proposed date / term for student’s return\*** |  |
| **Is the student proposing to return to the same Tripos?** | Y / N |

\*In instances where a student’s supervision is a departmental responsibility or when a return in either a Lent or an Easter Term is proposed, the College should check with the department that the application is academically feasible and **provide confirmation** with this application form.

|  |
| --- |
| **If resumption after a period of disregarded terms is subject to College conditions in addition to satisfactory evidence (e.g. a College test), please indicate those conditions here:** |

|  |  |
| --- | --- |
| **Has the student been involved in any other University process that affected their exam marks or Class, or is the student currently involved in any other process that could affect their exam marks or Class?** (E.g. Academic Misconduct or the Examination Review Procedure) | Y / N |
| **If yes, please provide further detail below including the process and the outcome following this, if known:** |

**Checklist**

**This application must be accompanied by ALL the relevant information specified below. Forms without this information will be returned to the college by the Secretary to the Committee which may result in a delay in the case being considered.**

|  |  |
| --- | --- |
| It is expected that the Tutor will normally provide a letter.Please tick if a letter has been provided. |  |
| Medical evidence. Please note that the requirement is evidence, not merely a declaration that the student was ill. The evidence must not be redacted. |  |
| Student Support Document (SSD) where applicable.Please provide the full SSD, the disability information and document sections. |  |
| A completed [student declaration form](https://www.student-registry.admin.cam.ac.uk/about-us/EAMC), confirming the student’s consent for the medical evidence to be submitted and made available as indicated on the form. |  |
| Supervision reports for the academical year(s) in question.  |  |
| The student’s timetable and all available exam marks for the relevant examination and the marking and classing criteria.  |  |
| The student and College have read the published [Guidance Notes for Examination Allowances](https://www.student-registry.admin.cam.ac.uk/about-us/EAMC) |  |

|  |  |
| --- | --- |
| Tutor name (inc. title) |  |
| Tutor’s email |  |
| Tutor’s signature |  |
| Date |  |

|  |  |
| --- | --- |
| The student is aware of the full contents of this application | Yes / No |

|  |  |
| --- | --- |
| Senior Tutor |  |
| Senior Tutor’s signature |  |
| Date |  |

EXAMINATION ACCESS AND MITIGATION COMMITTEE

**Student Declaration Form 2023-2024**

**DECLARATION**

I confirm that I give my consent for the enclosed supporting medical evidence to be submitted to my College Tutor and made available, on a confidential basis, to the Medical Adviser(s) (and the Secretary and Assistant Secretary of the Committee for office purposes only) of the University’s Examination Access and Mitigation Committee.

I understand that only the Medical Adviser(s) (and the Secretary and Assistant Secretary of the Committee for office purposes only) have access to the medical evidence. The Medical Adviser(s) may, on a need to know basis, read out sections of the medical evidence to the Committee on a strictly confidential basis. It is the Medical Adviser(s) who make a recommendation on the application based on the professional assessment of the medical evidence provided.

The University undertakes to handle this information carefully 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>

I understand that the medical evidence will form the medical record relating to my application.

|  |  |
| --- | --- |
| Name (Block Caps) |  |
| College |  |
| Signature |  |
| Date |  |

**You should complete and return this form to your Senior Tutor who will send it, on your behalf together with a copy of the application and supporting medical evidence, to the Assistant Secretary of the Examination Access and Mitigation Committee.**