

Student Registry

Academic Division

**Application form for Reinstatement to the Register**

**Section I: To be completed by the student**

|  |  |
| --- | --- |
| Surname/Last name: |  |
| Forename(s): |  |
| USN or CRSid: |  |
| Email address: |  |
| Department: |  |
| College: |  |
| Course: |  |
| Term you wish to be reinstated from (e.g. Lent Term 2020): |  |
| Proposed date for thesis submission (if applying for reinstatement to submit thesis): |  |
| Reason(s) for reinstatement (continue on separate sheet if necessary: | |
| I confirm that the information I have provided in this application is complete and true  Signature: Date: | |

**Once you have completed Section I, please forward the application to the parties below. You should not submit the form to Student Registry until all parties have completed their sections.**

**Section II: Principal Supervisor’s recommendation**

|  |  |  |
| --- | --- | --- |
| I recommend that this application be: | Approved: | Declined: |
| Reasons for your decision (continue on separate sheet if necessary) | | |
| Name: |  | |
| Signature: |  | |
| Date: |  | |

**Section III: College recommendation**

|  |  |  |
| --- | --- | --- |
| The College recommends that this application be: | Approved: | Declined: |
| Reasons for your decision (continue on separate sheet if necessary) | | |
| Name of authorised College Officer: |  | |
| Signature: |  | |
| Date: |  | |

**Section IV: Head of Department recommendation**

|  |  |  |
| --- | --- | --- |
| I recommend that this application be: | Approved: | Declined: |
| Reinstated with effect from (exact date) |  | |
| Proposed date for thesis submission (if applying for reinstatement to submit thesis): |  | |
| Reasons for your decision (continue on separate sheet if necessary) | | |
| Name of Head of Department: |  | |
| Signature: |  | |
| Date: |  | |

**Section V: Degree Committee recommendation**

|  |  |  |
| --- | --- | --- |
| I recommend that this application be: | Approved: | Declined: |
| Reinstated with effect from (exact date) |  | |
| Proposed date for thesis submission (if applying for reinstatement to submit thesis): |  | |
| Reasons for your decision (continue on separate sheet if necessary) | | |
| Name of authorised Degree Committee Officer (normally Chair or Secretary): |  | |
| Signature: |  | |
| Date: |  | |

**Please email the completed form to** [**studentrecords@offices.admin.cam.ac.uk**](mailto:studentrecords@offices.admin.cam.ac.uk)**.**