

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 (eg: 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: |  | |

\*If applying for reinstatement to resume study then the submission deadline will be calculated by Student Registry by adding the number of days since the student withdrew to the previous submission deadline.

**Please email the completed form to recordsandexams@admin.cam.ac.uk**