

**Application form to be used for: Students wishing to return to study following a period of intermission on medical grounds.**

**Part I:**

Surname:	Forename(s):	Date of Birth: (dd/mm/yy)	USN or CRSid:
Email address:	Department:		College:
Course (e.g. MPhil in Economics):			
Please state below when you wish to resume study:			

This form **MUST** be accompanied by the information specified below:

Supporting medical evidence which provides an assessment from the relevant medical practitioner which addresses all the issues raised in the original medical evidence and attests to your fitness to resume study and/or sit examinations. The statement should also confirm that the medical practitioner has read the guidelines for medical practitioners issued by the Postgraduate Committee, and should indicate recommendations for continuing medical care or management of a condition on your return to Cambridge. Wherever possible the assessment should be from the same practitioner providing the original evidence for the application for exceptional permission to go out of residence. Where you may have, subsequently, been under specialist medical or psychiatric supervision, the assessment should be from that practitioner rather than your GP.

**Part II:**

**DECLARATION**

I confirm that I give my consent for the enclosed supporting medical evidence to be submitted and made available, on a confidential basis, to the College, Student Registry on behalf of the Postgraduate Committee, the administrative staff working under its authority, and its medical adviser(s),. (Please tick as appropriate).

Yes	No
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Access to the medical evidence would be restricted to the College, to members of Student Registry on behalf of the Postgraduate Committee, its medical adviser(s) and the administrative staff working under its authority. The medical adviser(s) may be asked to make a recommendation based on professional assessment of the medical evidence provided.

The University undertakes to process the information lawfully and in accordance with the Data Protection Act 1998 and will not divulge its contents to any third party or use it for any other purpose without your express consent.

I agree that Student Registry may contact my Medical Practitioner for further information (for instance to confirm that he or she has read the Guidelines for Medical Practitioners or to help ensure the continuation of any medical care or other support on my return to Cambridge).

<b>Yes</b>	<b>No</b>
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<b>Surname (please print):</b>	<b>Forename(s) (please print):</b>	<b>Date:</b>	<b>Signature:</b>

Please return this form and supporting paperwork to your College.

**Part III To be completed by the College**

Tutor's signature:	Date:	
The College supports this application:	Yes	No
If 'No', this has been explained to the student:	Yes	No
Senior Tutor's (or equivalent) Signature:	Date:	

**Please return this form and supporting paperwork to Student Registry by email to [RecordsandExams@admin.cam.ac.uk](mailto:RecordsandExams@admin.cam.ac.uk). Please mark your communication 'Fitness to Return'.**