



To be completed by Applicant or Student:

** fields are compulsory*

Surname *			
Forenames *			
USN *			
Application number (for applicants only)			
College *			
Department studying at *			
Mode of study *	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Expected length of study *	Start:	End:	
Programme of study *	<input type="checkbox"/> PhD <input type="checkbox"/> MPhil by thesis only	<input type="checkbox"/> MLitt <input type="checkbox"/> MSc	<input type="checkbox"/> EdD <input type="checkbox"/> CPGS
Supervisor (if known at the time of application) *			

Employment details:

** fields are compulsory*

Department you will be employed by * ¹			
Post held with University of Cambridge (description, grade) *			
Dates of employment *	Start:	End:	
Percentage of full-time employed *			
Student declaration (please read and tick all) *	<input type="checkbox"/> I undertake to inform the Student Registry immediately if my employment with the University of Cambridge ceases before the end of my course; <input type="checkbox"/> I understand that if this happens I shall at that point have to submit a new financial undertaking form proving that I have sufficient liquid capital to pay the remaining fees until the end of my course; <input type="checkbox"/> I understand that if I am unable to pay the fees for the whole duration of the course, I may be removed from the Register of Graduate Students.		

¹ where the employing department is different from the admitting department, the agreement of both Heads must be obtained by filling in separate forms



UNIVERSITY OF CAMBRIDGE

Academic Division
Student Registry

Please provide a short statement (no more than 300 words) to demonstrate that research for your degree will overlap almost entirely with your paid employment (for full-time course) or contribute directly to it (for part-time course) *

Signature *

Date *

The Student Registry will use the personal information on this form to assess your eligibility for a reduced staff rate. This is so that we can fulfil our contractual obligations to you as a student. We retain this information for six years following your graduation, after which this form is destroyed and a copy is uploaded to your student record. For more information on how the University processes your personal information, please see <https://www.information-compliance.admin.cam.ac.uk/data-protection>

To be completed by Head of Department

* fields are compulsory

Statement by the Head of Department (please read and tick all) *	<input type="checkbox"/> I confirm that information above is correct; <input type="checkbox"/> I confirm that the research of the applicant named above will overlap almost entirely with his/her paid employment (full-time degrees) or contribute directly to it (part-time degrees).
Any comments	
Name *	
Signature *	
Date *	

Where to submit:

For applicants	Please upload form via the applicants self-service, under the Staff Fee category
For current students	Please return form to the Student Registry either scanned by emailing student.fees@admin.cam.ac.uk or by post to Student Registry, 4 Mill Lane, Cambridge, CB2 1RZ