# L:\Brand Team\Departmental Support\Academic Division\AD-Student Registry-col.jpgTo be completed by Applicant or Student

*All fields are compulsory*

***Staff Fee Application Form***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | | | |
| Surname |  | | | |
| Forename(s) |  | | | |
| USN |  | | | |
| Application number (applicants only) |  | | | |
| College |  | | | |
| Department studying at |  | | | |
| Mode of study | Full-time |  | Part-time | |
| Expected length of study | Start: | | End: | |
| Programme of study | PhD  MPhil by thesis only | MLitt  MSc | | EdD  CPGS |
| Supervisor (if known) |  | | | |

**University of Cambridge employment details:**

|  |  |  |
| --- | --- | --- |
| Department you will be employed by |  | |
| Appointment title and post grade |  | |
| Personal reference number (if known) |  | |
| Employment dates [[1]](#footnote-2) | Start: | End: |
| Percentage of full-time employed |  | |
| Post funding details (including name of funding provider) |  | |
| Name of contact in employing department for funding queries (e.g. the PI holding the funding) |  | |
| Please provide a short statement (no more than 300 words) explaining how the content of the research for your degree overlaps almost entirely with your paid employment (for full-time degree courses), or contributes directly towards it (for part-time degree courses) | | |
| Student declaration (please read and tick all) | * I undertake to inform the Student Fee Status and Policy Manager (email [feestatusandpolicy@admin.cam.ac.uk](mailto:feestatusandpolicy@admin.cam.ac.uk)) immediately if my employment with the University of Cambridge ceases before the end of my course or before the end date I have provided on this form; * 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; * ☐ I understand that I must inform my College Finance Office (or equivalent) of the expected start and end date for my Staff Fee, including any changes to these dates resulting from a change to my employment with the University of Cambridge; * 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. | |
| Signature |  | |
| Date |  | |



**To be completed by Head of Department**

*All fields are compulsory*

|  |  |
| --- | --- |
| Head of Department’s statement  (please read and tick all) | I confirm that information above is correct;  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). |
| Reason for student’s employment |  |
| Any comments – please include the reason for pursuing the Staff Fee route in this case (e.g. funding restrictions mean that the relevant University Composition Fee cannot be covered by the funding source?) |  |
| Name |  |
| Signature |  |
| Date |  |

# Please send a scanned copy of the form to the Student Fee Status and Policy Manager

# at: [feestatusandpolicy@admin.cam.ac.uk](mailto:feestatusandpolicy@admin.cam.ac.uk)

*www.cambridgestudents.cam.ac.uk/fees-and-funding/fees/staff-fees*

1. Employment records will be checked within the University’s CHRIS system. Applications will not be approved without verification of employment [↑](#footnote-ref-2)