

Student Registry



To be completed by Applicant or Student

All fields are compulsory

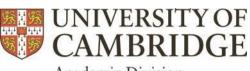
Title				
Surname				
Forename(s)				
USN				
Application number (applicants only)				
College				
Department studying at				
Mode of study	Full-time		□ Part	-time
Expected length of study	Start:		End:	
Programme of study	PhD	\Box M	Litt	□ EdD
	\Box MPhil by thesis only	\Box M	Sc	
Supervisor (if known)				

University of Cambridge employment details:

Department you will be employed by		
Appointment title and post grade		
Personal reference number (if known)		
Employment dates ¹	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)		

¹ Employment records will be checked within the University's CHRIS system. Applications will not be approved without verification of employment

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 Officer (email <u>feestatusandpolicy@admin.cam.ac.uk</u>) 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 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			



Academic Division Student Registry

To be completed by Head of Department All fields are compulsory

	Delegar finne (het information elseveries comparts
Head of Department's	□ I confirm that information above is correct;
Head of Department's statement	\Box I confirm that the research of the applicant named above
(please read and tick all)	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 Officer at: feestatusandpolicy@admin.cam.ac.uk