



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	<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
Supervisor (if known)	<input type="checkbox"/> EdD <input type="checkbox"/> CPGS	

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 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 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)	<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).
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