 **Cambridge University Engineering Department**

*Before completing this form read:*

*[Rearranging coursework and allowances: general rules](http://teaching.eng.cam.ac.uk/content/rearranging-coursework-allowances-general-rules)*

***Submit this form as soon as possible.***

*(Normally this should be not later than one week after end of Mich and Lent term for activities in those terms; for Easter Term, one week after end of teaching)*

**Application for Allowance for Coursework**

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| **Student Name:** | **College:** | **CRSID:** | **Tripos** (IA, IB, IIA, IIB) | **Lab Group** (Part I only) |

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| **Requesting an EXTENSION** | | | | | | | |
| Coursework title/ Part II Module number | Report description (Part II only) | Lab date / due date | Name of staff member contacted for rescheduling | Date contacted | Current deadline | Requested deadline | Teaching Office response |
| *Eg. 4C6* ***/*** *Lab 21* | *Eg. Coursework 1, FTR, TMR etc.* |  |  |  |  |  |  |
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| **Requesting MARKS** | | | | | | | |
| Coursework title/ Part II Module | Reason for claim, e.g. Missed lab; late for lab; late CW submission | Lab date / due date | Name of staff member contacted for rescheduling | Date contacted | Current mark | Requested mark | Teaching office response |
| *Eg. 4C6* ***/*** *Lab 21* | *Eg. Coursework 1, FTR, TMR etc.* |  |  |  |  |  |  |
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| **Tutor’s name:** | e-mail: | Phone: |

*This section to be completed by the student’s* ***TUTOR*** *(NOT DoS)*

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| **Medical reasons**: Tick box (detail not required)  *If allowance for a period of more than 7 days is requested for medical reasons, the College should obtain a medical certificate. In signing below, the Tutor is agreeing to take responsibility for the existence of this evidence.* | | **Other extenuating circumstances**: | | | |
| Dates between which work was **impossible** |  | Dates between which work was **hindered**: | |  | |
| Additional comments (attach separate letter if you wish) | | | | | |
| Signature of Tutor | Date | | Signed (Teaching Office) | | Date |