

To: Director of Undergraduate Education
Teaching Office
Department of Engineering

APPLICATION FOR AN ALLOWANCE FOR COURSEWORK BECAUSE OF ILLNESS
NB - Before submitting an application for an allowance, students should first have attempted to reschedule missed coursework sessions with the staff member in charge.

Part A of this form should be completed by the **Student**. The form should then be passed to the **Tutor** who is requested to complete **Part B** and forward the **complete** form to the Director of Undergraduate Education, Teaching Office, Department of Engineering. When a decision has been made, **Part C** will be completed and a copy of the form returned both Student and Tutor.

Full name: <i>(Block capitals)</i>		College:	
Tripos: <i>(Please tick as appropriate)</i>	<input type="checkbox"/>	Engineering Tripos Part IA	Email:
	<input type="checkbox"/>	Engineering Tripos Part IB	
	<input type="checkbox"/>	Engineering Tripos Part IIA	Lab group no (Part I only):
	<input type="checkbox"/>	Engineering Tripos Part IIB	
	<input type="checkbox"/>	Manufacturing Engineering Tripos Part IIA	Is this your first claim this year? Y / N
	<input type="checkbox"/>	Manufacturing Engineering Tripos Part IIB	

Requesting an EXTENSION :		Due date/ Start date:	Staff Member contacted for re-scheduling	On:	Indicate type of deadline: e.g. Submission date of report	Current Deadline	Requested Deadline
1							
2							
3							

Requesting an allowance of MARKS :		Due date/ Start date:	Staff Member contacted for re-scheduling	On:	Indicate reason for claim: e.g. Missed Lab Session (no penalty) Missed Lab/CW (mark required) Late CW submission (no penalty)	Current Mark	Requested Mark
4							
5							
6							

Student's signature:	Date:
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Part B TO BE FILLED IN BY THE STUDENT'S TUTOR (not DIRECTOR OF STUDIES)

Name of Tutor: <i>(block capitals)</i>	College:	Email:	Tel:
Nature of illness or other grave cause:			
Dates between which work was impossible due to the illness:		Dates between which work was hampered by the illness:	
Additional comments: <i>(After a decision has been made by the Teaching Office, a copy of the <u>complete</u> form will be returned to both Student and Tutor. Please attach a separate letter if you wish to include confidential information.)</i>			
Signature of Tutor:			Please tick:
Date:		Period affected was less than 7 days	<input type="checkbox"/>
		Period affected was 7 days or more and I enclose a doctor's certificate	<input type="checkbox"/>

Part C FOR TEACHING OFFICE USE:

Date form received: ____ / ____ / ____

Previous claim(s) this year? Y / N

EXTENSION	1	Approved / Denied because:
	2	Approved / Denied because:
	3	Approved / Denied because:
MARKS	4	Awarded / Denied because:
	5	Awarded / Denied because:
	6	Awarded / Denied because:
Signature:		Date: