 **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**

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

|  |
| --- |
| **Requesting an EXTENSION**  N.B. You should be mindful of our [‘Points to Consider](http://teaching.eng.cam.ac.uk/content/rearranging-coursework-allowances-general-rules)’ in the Guidance. |
| 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.* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **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.* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Tutor’s name:** | e-mail: | Phone: |

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

|  |  |
| --- | --- |
| **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 |