**APPLICATION FORM FOR AN ADJUSTED MODE OF ASSESSMENT**

Before completing this application form, you should read the AMA Guidance Notes 2024-25 for changes made to it, which are available here: <https://universityofcambridgecloud.sharepoint.com/sites/AD_ExamOperationsandMitigatingCircumstances/SitePages/Adjusted-Mode-of-Assessment-(AMA).aspx>

You should also refer to the Code of Practice: Access and Inclusion for Disabled Students

<https://www.educationalpolicy.admin.cam.ac.uk/supporting-students/supporting-disabled-students>

**Unless indicated, all fields are compulsory. Incomplete application forms will be returned.**

**Student details:**

|  |  |  |  |
| --- | --- | --- | --- |
| USN |  |  |  |
| Surname |  | | |
| First name (s) |  | | |
| College |  | | |
| Tutor |  | | |
| Tutor’s email |  | | |
| Tutor’s signature |  | | |
| Date |  | | |

**Student’s record to date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic year** | **Tripos and Part, e.g. MAT0** | **Exam result** | **Under AMA (Y/N)** |
|  |  |  |  |
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**Please indicate what is being applied for:**

|  |  |
| --- | --- |
| Student’s programme of study  e.g. BA, MPhil |  |
| Year of course / Tripos Part AMA being applied for |  |
| Current or previous examination access arrangements at the University of Cambridge  e.g. extra time, use of a PC |  |

**Does the application meet the threshold for an AMA to be granted?**

Based on the evidence provided, the student would be caused substantial disadvantage in relation to their assessment, as a result of their disability; and such disadvantage cannot be sufficiently mitigated by standard or enhanced reasonable adjustments. Further information can be found online here: <https://universityofcambridgecloud.sharepoint.com/sites/AD_ExamOperationsandMitigatingCircumstances/SitePages/Adjusted-Mode-of-Assessment-(AMA).aspx>

Please indicate that the following necessary medical or specialist evidence has been included in the application.

|  |  |  |
| --- | --- | --- |
| **Type of disability/ condition** | **Evidence required** | **Please tick** |
| Physical disability | From specialist practitioner or GP:   * confirmation of the disability; and * relevant details on any limitations to the student’s ability to undertake assessments |  |
| Specific Learning Difficulty (SpLD) | From a practitioner psychologist or a qualified specialist teacher holding an SpLD Assessment Practising Certificate:   * Diagnostic assessment report * evidence of the student’s abilities to undertake assessments |  |
| Chronic or relapsing/ remitting condition | From a consultant or qualified specialist:   * Diagnosis by a consultant or specialist * a treatment plan (where appropriate) * relevant details on any limitations to the student’s ability to undertake assessments |  |
| Mental health condition |  |

|  |
| --- |
| In the box below, please indicate why [standard or enhanced reasonable adjustments](https://universityofcambridgecloud.sharepoint.com/sites/AD_ExamOperationsandMitigatingCircumstances/SitePages/Adjusted-Mode-of-Assessment-(AMA).aspx) do not alleviate the disadvantage caused by the student’s disability. This should include evidence of where these have been applied and why they are not suitable for this application. |
|  |

|  |  |
| --- | --- |
| **Has the student previously been awarded an AMA?** | **Y / N** |
| If Yes, outline below the AMA previously awarded and detail what worked well and what did not work well. | |

It is expected that the student and Tutor have considered and discussed the different types of AMA available. There is no guarantee that the AMA that is requested, is the AMA that will be granted; the competence standards of an academic award may limit an AMA. For more information about the AMA examples, please refer to the AMA guidance notes found here: <https://universityofcambridgecloud.sharepoint.com/sites/AD_ExamOperationsandMitigatingCircumstances/SitePages/Adjusted-Mode-of-Assessment-(AMA).aspx>

The table below indicates examples of AMA previously awarded. Please complete **each field** in the table.

|  |  |  |
| --- | --- | --- |
| **Example of AMA**  *Please note this list is not exhaustive.* | **Is this AMA being requested?** | **Explanation of why this AMA is / is not being requested**  *Please include details about why this is or is not considered a reasonable adjustment for the student.* |
| To replace a written examination with an essay or a portfolio of essays | Y / N |  |
| Bespoke paper to be written and broken up into smaller chunks | Y / N |  |
| To reduce the number of questions to be answered and submit an essay | Y / N |  |
| Long Extension of Dissertation / coursework / submitted essays | Y / N |  |
| Extended period of study (one year over two) | Y / N |  |

**If an alternative AMA has been considered as a reasonable adjustment for the student which is not indicated above, please detail this below:**

|  |  |
| --- | --- |
| **Other AMA requested** | **Why is this considered a reasonable adjustment for the student?** |
|  |  |

**Please add further detail of what is being applied for, per module enrolled:**

|  |  |  |
| --- | --- | --- |
| **Please consider the following:**   * Where there is no adjustment being requested, list module anyway with ‘no adjustment’. * If AMA is not known, please leave this field blank. | | |
| **Paper number / module** | **Current mode of assessment** **(exam, coursework)** | **AMA being requested** |
| *e.g. Paper 1* | *3 hour exam* | *Replace with portfolio of essays* |
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**Is the student enrolled for any coursework or dissertation that is not listed above? If yes, complete the box below:**

|  |  |  |
| --- | --- | --- |
| **Type of assessment**  e.g. coursework | **Date submission due** | **Word count / Length of assessment** |
|  |  |  |

**Consideration of applications that meet the threshold for an AMA**

If the EAMC confirms that an application meets the threshold for an AMA, it will be considered in accordance with the process in the AMA guidance notes.

**The process, including any Case Conference, shall consider all possible AMAs, including any requested, on page 3, as the approved AMA may differ from what has been requested.**

This process includes an optional Case Conference, which gives the opportunity to the student, College Department, and Accessibility and Disability Resource Centre to provide further information to each other.

If a Case Conference does not take place, the application will be sent directly to the relevant Department or Faculty for consideration in relation to competence standards.

When considering whether to request a case conference, please refer to the AMA guidance notes found here: <https://universityofcambridgecloud.sharepoint.com/sites/AD_ExamOperationsandMitigatingCircumstances/SitePages/Adjusted-Mode-of-Assessment-(AMA).aspx>

|  |  |
| --- | --- |
| **Does the student and/or College request a Case Conference to be organised?** | **If yes, please indicate below that the student and College have read the AMA guidance notes and explain the reasoning for a case conference:** |
| Yes / No |  |

If a Case Conference has been requested, you must indicate below the individuals that should be invited. Experience shows that it is not always possible to gather all parties to case conferences during term, so please indicate in the final column whether their attendance is compulsory or desirable.

**College contacts for case conference**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email address or CRSid** | **Relationship to student** | **Attendance Compulsory (c) or Desirable (d)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- | --- |
| Is the Student working with the ADRC, and would they like the ADRC adviser to attend the case conference if possible?  If yes, please state the name of the ADRC adviser: | **Y / N** |

**Checklist**

**This application must be accompanied by ALL the relevant information specified below. Forms without this information will be returned to the College by the Secretary to the Committee which will result in a delay in the application being considered.**

|  |  |
| --- | --- |
| A letter from the Tutor, setting out the case for the application |  |
| A letter from the Senior Tutor, confirming the case as laid out in the application |  |
| Medical evidence |  |
| A personal statement from the student that outlines how their disability impacts their daily and academic life (optional) |  |
| Student Support Document (SSD) (please provide the **most recent** version where possible) and any other supporting evidence from the ADRC.  If the student’s SSD is being reviewed, do not wait for this to be completed to apply. |  |
| A completed student declaration form, confirming the student’s consent for the medical evidence to be submitted and made available as indicated on the form |  |

**Please tick to indicate agreement with/completion of the following:**

|  |  |
| --- | --- |
| The College understands that the AMA requested may not be granted and/or an alternative reasonable adjustment may be suggested instead |  |
| The College has read the published [AMA Guidance Notes](https://universityofcambridgecloud.sharepoint.com/sites/UoC_CambridgeStudentsExams/SitePages/Reasonable-Adjustments.aspx) |  |
| The College believes the application meets the threshold for an AMA:  *Based on the evidence provided, the student would be caused substantial disadvantage in relation to their assessment, as a result of their disability; and such disadvantage cannot be sufficiently mitigated by standard or enhanced reasonable adjustments* |  |

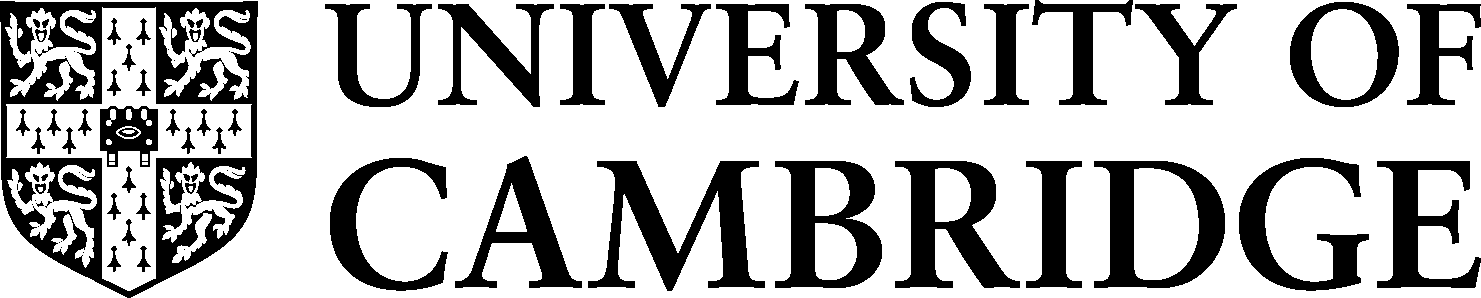
**Please complete the below:**

|  |  |
| --- | --- |
| The student is aware of the full contents of this application | Yes / No |

|  |  |
| --- | --- |
| Senior Tutor’s signature |  |
| Date |  |

The deadline for applications is the **end of week 5 (Friday 8th November 2024)** and applications received after this time will not be accepted unless there is a valid reason for delay.

If this application is submitted after the deadline, please include reasons for the delay in the box below.

**ADJUSTED MODE OF ASSESSMENT STUDENT DECLARATION FORM**

Contact: [examarrangements@admin.cam.ac.uk](mailto:examarrangements@admin.cam.ac.uk)

# DECLARATION

I consent for the enclosed supporting medical and / or specialist evidence to be submitted by my College, and made available, on a confidential basis, to those persons considering applications for an Adjusted Mode of Assessment as described in the guidance notes for staff and students.

The University shall handle this information  [in accordance with the](https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data) [requirements of data protection legislation and will not div](https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data)ulge its contents to any third party or use it for any other purpose without your further consent. General details about the University’s use of personal information are published at <https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data-protection-regulation>

I understand that the medical and / or specialist evidence will form my application for an adjusted mode of assessment.

**Please tick to indicate understanding/agreement to the following**:

|  |  |
| --- | --- |
| I understand that the AMA requested may not be granted and/or an alternative reasonable adjustment may be suggested instead |  |
| I have read the published [AMA Guidance Notes](https://universityofcambridgecloud.sharepoint.com/sites/UoC_CambridgeStudentsExams/SitePages/Reasonable-Adjustments.aspx) |  |
| I believe the application meets the threshold for an AMA:  *Based on the evidence provided, the student would be caused substantial disadvantage in relation to their assessment, as a result of their disability; and such disadvantage cannot be sufficiently mitigated by standard or enhanced reasonable adjustments* |  |

The AMA application outcome letter will be communicated via email to your College and yourself directly. If you would prefer not to be directly contacted by the EAMC administrative team, please indicate this below.

🞎 I opt out of being contacted directly by the EAMC administrative team.

|  |  |
| --- | --- |
| Name (Block Caps) |  |
| College |  |
| Signature |  |
| Date |  |

# **You should complete and return this form to your College/Postgraduate Tutor who will send it, on your behalf together with a copy of the application and supporting medical and / or specialist evidence.**