

**INTENTION TO SUBMIT A
RESEARCH DISSERTATION**
(for completion by the student)



**Degree Committee of the Faculties of
Clinical Medicine and Veterinary Medicine**

Are you registered as a Full or Part-time student?			
Full Time	()	Part-time	()

Applications should be made in advance of your intended submission date.

Please attach one copy of your summary to this form. This should be approximately one side of A4 and should include your name and the title of your dissertation.

Please return your application to: Higher Degrees Office, School of Clinical Medicine, Box 111, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0SP – or email to: degree_committee@medschl.cam.ac.uk

On receipt of the completed form and summary, the Degree Committee will contact your Department requesting nominations of prospective examiners.

1	Surname (Family Name)	Forenames(s)	Title
2	Address		email
3	Department/Faculty		4 College
5a	Name of Head of Department	5b Name and email address of Supervisor	
		Name: Email:	
6	Degree for which you are registered		
7	Title of dissertation		
8	Expected date of submission		
9	Proposed date of departure from UK (if applicable)		
10	If you are at present residing abroad please state when you will be able to return to the UK for your oral examination		
11	I confirm that the information which I have given in this application is complete and true		
Signature:		Date:	

See overleaf for information about voluntary disclosure of any special needs you may have for the viva.

Voluntary disclosure of additional requirements of relevance to viva examinations for: MPhil (examined by thesis and oral only), MSc and PhD degrees

The Degree Committee wishes to ensure that all candidates are examined appropriately.

You will have been invited when you applied for admission to disclose any disability or chronic illness. Whether or not you did disclose at the time, you may wish to do so now, or to update this information, so that we are aware of any additional requirements required for your viva. The examiners will be supplied with the information from this form, rather than any previous disclosure of disability.

For example, if you need a BSL interpreter or wheelchair access you might find it helpful if the examiners know this.

If you are dyslexic or have other specific learning difficulties, you might wish the examiners to be aware of this when they conduct the viva. However, please bear in mind that the Degree Committee expects you to have taken all reasonable means available to make sure that your written work has been checked for spelling and other typographic problems *before* it is submitted for examination.

If you and your supervisor are unsure about what assistance might be available for helping with production of a well-presented dissertation, please consult the Disability Resource Centre’s website <http://www.admin.cam.ac.uk/univ/disability/students/dyslexia.html>, or ask your College Tutor.

Please note that the examiners do not take into account any disability when judging the merit of the dissertation itself – this stands on its own merits as a piece of written work.

Disclosure at this stage is entirely voluntary and for the purpose of the viva examination only.

If you wish the examiners to be aware of any disability or chronic illness when arranging or conducting the viva examination, please complete the following form:

(place a tick in the box to the right of the relevant statement)

I have a Specific Learning Difficulty e.g. Dyslexia/ Dyspraxia/ AD(H)D		I am blind or have a serious visual impairment uncorrected by glasses	
I have a social/communication condition, such as Asperger’s syndrome or other autistic spectrum condition		I am colour-blind	
I have a mental health condition such as depression/ schizophrenia/ anxiety		I am deaf or have a serious hearing impairment	
I have a long-standing illness or health condition, e.g. chronic heart disease, epilepsy		I have a physical impairment (e.g. using a wheelchair)	

ARRANGEMENTS FOR ADDITIONAL REQUIREMENTS

If you have disclosed a disability or chronic illness that requires additional arrangements, such as rest breaks, access or specific equipment to be made for the viva examination, please tell us what these are:

--	--	--

Name (please print)	Signature	Date
---------------------	-----------	------

