**UNIVERSITY OF CAMBRIDGE SCHOOL OF CLINICAL MEDICINE**

**APPLICATION FOR PERMISSION FOR DEFERRED OR ADDITIONAL ENTRY TO SECOND MB FORM**

<table>
<thead>
<tr>
<th>Student Surname:</th>
<th>Forenames (in full):</th>
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<thead>
<tr>
<th>College:</th>
<th>Senior Tutor:</th>
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<table>
<thead>
<tr>
<th>Year of admission to Cambridge:</th>
<th>Director of Pre-clinical Studies:</th>
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**Examination(s) for which deferred or additional entry applied:**

**Academic Record:**

University examination results (including failures): Tripos/Degrees/Diplomas

<table>
<thead>
<tr>
<th>Second MB Subjects</th>
<th>1st attempt</th>
<th>Re-sit 1</th>
<th>Additional Attempts/Notes</th>
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<tbody>
<tr>
<td></td>
<td>Pass/Fail year</td>
<td>Mark</td>
<td>Pass/Fail year</td>
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<tr>
<td>Functional Architecture of the Body (FAB)</td>
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<tr>
<td>Molecules in Medical Science (MIMS)</td>
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<td>Homeostasis (HOM)</td>
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<td>Biology of Disease (BOD)</td>
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<td>Neurobiology and Human Behaviour (NHB)</td>
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<td>Mechanisms of Drug Action (MOA)</td>
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<td>Human Reproduction (HR)</td>
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<td>Head and Neck Anatomy (HNA)</td>
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<td>Introduction to the Scientific Basis of Medicine (ISBM)</td>
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<tr>
<td>Social Context of Health and Illness (SCHI)</td>
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<tr>
<td>Preparing for Patients A (PIP A)</td>
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<td>Preparing for Patients B (PIP B)</td>
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<tr>
<td>Preparing for Patients (PIP C, D)</td>
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**Case for application, for guidance, see**

https://www.biology.cam.ac.uk/undergrads/exams/mvstexams/detailedresitpolicy

Please attach any supporting documentation such as relevant medical reports with a signed student consent form


note that confidential medical reports will only be seen by the Clinical Deans, the Secretary and the Chair of the Faculty Board of Clinical Medicine.

*Please delete as appropriate; if not supported, please attach letter of explanation.*

I confirm that I support / do not support* this application:  

**Signature: …………………………………………..**  
**Director of Pre-clinical Studies**

**Date: ………………………………………………..**  
**College Tutor**

I confirm that I have discussed this application with my tutors and all relevant information has been provided.

**Signature: …………………………………………..**  
**Date: ………………………………………………..**  
**Student**

Please submit the form both electronically and as a signed paper version to:  
**Head of UG Education**  
University of Cambridge School of Clinical Medicine  
Education Division, Box 111,  
Addenbrooke’s Hospital, Cambridge, CB2 0SP  
ein29@cam.ac.uk

**The main deadline for submission is 1 November.**
### MEDICAL & VETERINARY STUDENT PROGRESS PANEL ADVICE

<table>
<thead>
<tr>
<th>Panel Meeting Date:</th>
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<td>Advice:</td>
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### FACULTY BOARD DECISION

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<tr>
<th>Faculty Board Date:</th>
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<tr>
<td>Minute Reference:</td>
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<td>Decision:</td>
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<td>Comments:</td>
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_Circulation of completed form:_

- College Senior Tutor
- College Director of Studies
- DOMVE
- DOMECS
- Student