

# Additional Sittings

## Preparation – Form 8

You must read section 1.2.4 of the Cambridge Handbook before completing and submitting this form, and submit it at least four weeks before the first timetabled exam date. You can only carry out additional sittings when you have received written permission from us.

Return this form to [info@cambridgeinternational.org](mailto:info@cambridgeinternational.org) and include your centre number and 'Additional Sittings' in the email subject line. Keep a copy of the form for your records. If you are an Associate Centre, you should submit this form through your Cambridge Associate.

Centre number       Centre name

### Additional sitting:

Syllabus / Component  Key Time (if applicable)

Scheduled date  Scheduled session

Fill in the table below with the additional sittings that you need:

	Exam Time		Full Centre Supervision required? Y/N	Full Centre Supervision	
	Start time	Finish time		Start time	Finish time
Group 1					
Group 2					
Group 3					
Group 4					
Group 5					
Group 6					

### Additional sitting:

Syllabus / Component  Key Time (if applicable)

Scheduled date  Scheduled session

Fill in the table below with the additional sittings that you need:

	Exam Time		Full Centre Supervision required? Y/N	Full Centre Supervision	
	Start time	Finish time		Start time	Finish time
Group 1					
Group 2					
Group 3					
Group 4					
Group 5					
Group 6					

### Additional sitting:

Syllabus / Component  Key Time (if applicable)

Scheduled date  Scheduled session

Please provide your proposed additional sittings in the table below:

	Exam Time		Full Centre Supervision required? Y/N	Full Centre Supervision	
	Start time	Finish time		Start time	Finish time
Group 1					
Group 2					
Group 3					
Group 4					
Group 5					
Group 6					

## Additional sitting:

Syllabus / Component  Key Time (if applicable)

Scheduled date  Scheduled session

Please provide your proposed additional sittings in the table below:

	Exam Time		Full Centre Supervision required? Y/N	Full Centre Supervision	
	Start time	Finish time		Start time	Finish time
Group 1					
Group 2					
Group 3					
Group 4					
Group 5					
Group 6					

## Declaration:

I confirm I have read and understand the Key Time and Full Centre Supervision regulations in the relevant Cambridge Handbook: \*Tick Box

I support this application and am satisfied that the information on this form is correct.

Signed (Head of Centre)

Date

Name

If you submit this form electronically, please tick the check box as an alternative to signing the form.