

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

itional sitting					
bus / Compone	ent	Key Tim	e (if applicable)		
duled date		Scheduled	session		
the table below	with the additio	nal sittings that	you need:		
	Exam	Time	Full Centre	Full Centre Supervision	
	Start time	Finish time	Supervision required? Y/N	Start time	Finish time
Group 1					
Group 2					
Group 3					
Group 4					
Group 5					
Group 6					
bus / Compone	ent	Key Tim	e (if applicable)		
duled date		Scheduled	session		
se provide your p	oroposed additio	onal sittings in th	ne table below:		
	Exam	Time	Full Centre	Full Centre Supervision	
	Start time	Finish time	required? Y/N	Start time	Finish time
Group 1					
Group 2					
Group 3					
Group 4					
	duled date the table below  Group 1  Group 2  Group 3  Group 4  Group 5  Group 6  itional sitting bus / Compone duled date se provide your particular of the second of the	the table below with the addition    Exame     Start time     Group 1     Group 2     Group 3     Group 5     Group 6      itional sitting:   bus / Component     duled date     see provide your proposed addition     Exame     Start time     Group 1     Group 2     Group 3	duled date Scheduled the table below with the additional sittings that    Exam Time     Start time   Finish time     Group 1     Group 2     Group 3     Group 4     Group 5     Group 6     itional sitting:   bus / Component   Key Time     duled date   Scheduled     se provide your proposed additional sittings in the     Exam Time     Start time   Finish time     Group 1     Group 2     Group 3	the table below with the additional sittings that you need:    Exam Time	the table below with the additional sittings that you need:    Exam Time

Group 5

Group 6

Additional sitting	j:				
Syllabus / Compon	ent	Key Tim	ne (if applicable)		
Scheduled date		Scheduled	session		
Please provide your	proposed addition	onal sittings in th	he table below:		
	Exam	n Time	Full Centre	Full Centre Supervision	
	Start time	Finish time	Supervision required? Y/N	Start time	Finish time
Group 1					
Group 2					
Group 3					
Group 4					
Group 5					
Group 6					
the relevant Car	mbridge Handbo	ok: *Tick Box	me and Full Cent	·	
I support this ap	oplication and a	m satisfied that	the information	on this form is	correct.
Signed (Head o	of Centre)			Date	
Name					
•	s form electronic s an alternative t				