University Card Form

You must complete and return this form to confirm your intention to enrol at Oxford University. Once the University receives your form it will start the process of registering you as a student. The information you provide (including the photograph) will be collected and used in accordance with the University's <u>student privacy notice</u> and the General Data Protection Regulation (GDPR).

Details for University Registration and University Card

All na	ames, in full, as	tney appear PLEASE PR			icate/pass	sport	
Last names:							
First names:							
Middle names:							
Date of birth	dd	mmm	уу	(e.g. 23	3-Jan-XX)		
College or PPH (if a Course title (e.g. BA Start Date (<i>please</i> Graduate students	History):	mas [Oct] Hil	l ary [Jan]	Γrinity [Αρ	or] 20 ((year)	
Tick box if your studies Previously held ca Tick box if you have ever b	ards			" ,		e materials	
Please give the old card no	umber if you can:	·					
	SIGNED	by the STUE	ENT (Han	d written	signature	required)	
assport-style/sized² RECENT PHOTO Staple firmly	Sig	gnature:					
BUT Do not obscure	_	Undergraduates Please return this form to your college.					
your face	Graduat Please	t es return this for	m by email	to: acretu	ırns@adm	in.ox.ac.u	k
			,				_
natriculated student is a s ur photo is used as a me ally in record systems us	ans of identification	throughout the L	Iniversity. It is	printed on y	our Universi	ity Card and	l also s