SEH Logo

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**ST EDMUND HALL**

**APPLICATION FOR ADMISSION AS A VISITING STUDENT**

**2024-25**

**Please complete this form and return it to your Study Abroad Office or send it directly to:**

[admissions@seh.ox.ac.uk](mailto:admissions@seh.ox.ac.uk)

Please enclose with this application form:

1. A brief account of your reasons for applying to St Edmund Hall and of your extra-curricular interests.
2. A reference from each of two referees (these may be sent separately by your referees).
3. A copy of your academic transcript.
4. A sample of recent academic work in each subject for which you are applying.

**The deadline for applications for the 2024-25 academic year (full-year and part-year) is:**

**Monday 29th January 2024**

**VISITING STUDENT PROGRAMME 2024-25**

|  |  |  |
| --- | --- | --- |
| **Last Name:** | | |
| **First Name:** | | |
| **Title: (e.g. Mr/Miss/Ms/Mrs)** | **Male Female (delete as appropriate)** | |
| **Address for correspondence:** | | |
|  | | |
|  | | |
|  | | |
| **Email:** | | |
| **Telephone:** | | |
| **Nationality:** | | **Date of Birth (dd/mm/yy):** |

**Please give details of your current/most recent education institution:**

|  |  |
| --- | --- |
| **Name of College or University:** |  |
| **Date of Entry:** |  |
| **Current course of study (e.g BA, BSc). Please include details of your major / minor:** |  |
| **Overall GPA:** |  |
| **GPA in Major:** |  |

**Please indicate who we should invoice for the advance payment, tuition fees and living costs associated with your participation in the programme (i.e. you, your home institution, or a scholarship / award body). Please include a contact email address.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Advance Deposit Payment** |  |  | **Tuition Fees** |  |  | **Living Costs** |  |

Please read carefully the course information on the Visiting Student pages of the website (<https://www.seh.ox.ac.uk/subjects/visiting-students>) and indicate your preferred subject(s) and courses. Please be as specific as possible, and note that it will not normally be possible to offer courses other than those listed, and that some courses are listed as only being available in certain terms. In order to achieve maximum benefit from the Oxford tutorial system, we recommend that you select courses from only one or two subject areas. There are course combination restrictions which can be found in **Appendix A** at the end of this application form. You must refer to this before completing your course choices below to ensure that your subject combinations are possible.

**We recommend that you come for the whole academic year if possible, but we will also consider part-year applications (either Michaelmas Term only or Hilary and Trinity Terms together).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Michaelmas Term**  **(Oct – Dec 2024)** | Hilary Term **(Jan – Mar 2025)** | Trinity Term **(Apr – Jun 2025)** |
| **Primary Course**  **(8 tutorials)** | **1st choice** |  |  |  |
| **2nd choice** |  |  |  |
| **Secondary Course**  **(4 tutorials)** | **1st choice** |  |  |  |
| **2nd choice** |  |  |  |

|  |  |
| --- | --- |
| *I have checked with my Year Abroad Programme that my home university would give me credit for completion of these courses (please mark with an X)* |  |

|  |  |
| --- | --- |
| *I have consulted the course combination table (Appendix A) to ensure that my subject choices are compatible (please mark with an X)* |  |

**Please give the name and contact information of your Academic Adviser, Study Abroad Coordinator, or other suitable contact person, at your home institution:**

|  |  |
| --- | --- |
| **Full Name and Title (e.g. Dr, Prof, etc):** |  |
| **E-mail:** |  |
| **Telephone:** |  |

**In order for us to assess any study-needs requirements please indicate which of the following applies:**

|  |  |  |
| --- | --- | --- |
|  | I am not disabled | |
|  |  |  |
|  | I have a disability (please indicate the most appropriate description) | |
|  |  |  |
|  |  | Dyslexia or other Specific Learning Difficulty |
|  |  |  |
|  |  | Blind/visually impaired |
|  |  |  |
|  |  | Deaf/ hearing impaired |
|  |  |  |
|  |  | Wheelchair user/have mobility difficulties |
|  |  |  |
|  |  | Personal care support necessary |
|  |  |  |
|  |  | Mental health difficulties |
|  |  |  |
|  |  | An unseen disability e.g. diabetes, epilepsy, asthma |
|  |  |  |
|  |  | Multiple disabilities |
|  |  |  |
|  |  | A disability not listed above |
|  |  |  |
|  | I have a disability which I do not wish to specify | |

**Please give the name and contact information of an emergency contact person:**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Relationship to you (e.g. parent):** |  |
| **Telephone:** |  |
| **E-mail:** |  |

##### DECLARATION

If I am accepted as a Visiting Student at St Edmund Hall, I hereby agree to abide by the rules of the College.

|  |  |
| --- | --- |
| **Signature** | **Date** |

**Appendix A: Visiting Student Course Combinations 2024/25**

A chart with text and blue arrows

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