



DOCUMENT RETURN CHECKLIST

Please complete this checklist in full and return to the Admissions Manager no later than 1 September 2020.

Surname:..... Forename(s):.....

Documents for Return:

Please tick to confirm that you have sent the following (email to graduate.admissions@univ.ox.ac.uk or post):

IT Agreement

Treasury Form

Medical Registration (Select one option):

I confirm that I have registered with the College Doctors at 19 Beaumont Street Medical Practice. Please attach the confirmation email from 19 Beaumont Street Medical Practice confirming your registration.

Or

I have decided to register with another medical practice in Oxford. Please provide details in the notes section below.

Immunisations (Please tick to confirm):

I confirm that I have noted the advice from the Oxford College Doctors' Association, and the University of Oxford's Sub-Committee for Student Health and Welfare, that I should receive vaccinations for (1) Meningococcal ACWY (MenACWY) if I am under 25 years of age; (2) for Measles Mumps and Rubella (MMR1 and MMR 2); (3) for Tetanus, Diphtheria and Polio; and (4) for Human Papillomavirus.

College Regulations & Student Information (Please tick to confirm):

I confirm that I have read carefully the *College Regulations and Information for Students*.

Signature:..... Date:.....

Notes: