

## **DOCUMENT RETURN CHECKLIST**

*Please complete this checklist in full and return to the Graduate Studies Officer no later than 1 September 2023.* 

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 (Network Acceptable Use Policy)	
Treasury Form	
College/Student Contract	

## 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:* 

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

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

Signature: Date	e:
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