DOCUMENT RETURN CHECKLIST - GRADUATE

Please complete this checklist in full and return to the Graduate Studies Officer no later than 1 September 2026.
E: graduate.admissions@univ.ox.ac.uk

Surname:…… **Forename(s):**……

Medical Registration *(Select one option)*:

☐ I confirm that I have registered with the College Doctors at 19 Beaumont Street Medical Practice.

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 *Handbook of Regulations* and *Handbook of Information for Students*.

☐ I confirm that I have read carefully the Network Acceptable Use Policy

☐ I confirm that I have read carefully the *Student College Contract*.

Signature:…… **Date:**……