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

	mes, in full, as	s tney appear PLEASE PRI			cate/pas	sport	
Last names:							
First names:							
Middle names:							
Date of birth				(e.g. 23	3-Jan-XX)		
	dd	mmm	уу	_, , ,			
College or PPH (if a	History):						
Start Date (please Graduate students Tick box if your studies	only:					,	
Previously held ca							
Tick box if you have ever b	een issued with an O	oxford University Car	d or a Bodleiar	n reader's Car	d		
	een issued with an O	oxford University Car	d or a Bodleiar	n reader's Car	d		
Tick box if you have ever b	een issued with an O mber if you can: SIGNE	D by the STUD				required	
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Please give the old card numbers of the old card numbe	een issued with an O mber if you can: SIGNE Signe Underg Please I Gradua	D by the STUD gnature: graduates return this form	ENT (Han	d written	signature))