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| blackoutlineCrest**Hertford College, Oxford** |
|  |  | **Catte Street, Oxford** **OX1 3BW United Kingdom****Tel: +44 (0)1865 279 400****Fax: +44 (0)1865 279 466** |

**Application Form 2018**

Hertford College，University of Oxford

***Photograph***

Please complete this form and return it to us at least 4 weeks before your arrival date.

**Email:** international-programs@hertford.ox.ac.uk

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| --- | --- | --- | --- |
| Family Name姓 |  | First Name名 |  |
| Passport No.护照号 |  | University大学 |  |
| Phone Number电话 |  | Year年级 |  |
| Major 专业 |  | Gender性别 | Male/Female |
| Address: 地址 |  | English Level四六级、雅思托福或其他英语成绩均可 |  |
| Date of Birth出生日期 |  | Email电子邮件 |  |
| English Language Learning:(Give as much detail as possible) |
| 1. How long have you been learning English?
 |  |
| 1. When do you use English?
 |  |
| 1. Why do you need English?
 |  |
| 1. What is difficult for you in English?
 |  |
| 1. How do you plan to use English in the future?
 |  |
| 1. What are your objectives for English Language learning whilst you are in Oxford?
 |  |
| **Personal Statement**Please use the space below to give us further information about you & your reasons for applying for this course.  |
|  |
| **Is there anything else you would like to do while you are in Oxford?** |
|  |
| Leisure Interests & Hobbies: |
|  |
| **Student’s medical form:****We need the following information to ensure you have/your child has the best possible care during his/her stay.** |
| Do you suffer from any illnesses?  |  |
| Do you take medication? If yes, which medication? |  |
| Do you have any allergies? (Food, animals, medication?) |  |
| Do you need a special diet? |  |
| Is there anything else you think we ought to know about your/your child’s health? |  |
| I confirm that I have completed this application form to the best of my knowledge. |
| Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In case of emergency, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |