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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](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |