

HERTFORD COLLEGE, OXFORD

Application Form



Six Month Programme: 2021 – 2022

Photograph

Application deadline: Wednesday 31st March 2021

Please return the completed **application form** to your university's international office.

1 PERSONAL DETAILS					
Last Name		First Name		Date of birth	
Address					
City		Country		Postcode	
Phone		E-mail Address			
Nationality		Passport Number			
TOEIC/TOEFL/IELTS/ Other English Exam Score					
University				University Year (1 st , 2 nd , 3 rd , 4 th)	

2 UNIVERSITY STUDIES
What subjects do you study at your university?

3 ENGLISH LANGUAGE LEARNING
<i>(Give as much detail as possible)</i>
a. How long have you been learning English?
b. When do you use English?

English Language Learning continued:

c. When do you need English?

d. What is difficult for you in English?

e. How do you plan to use English in the future?

f. What are your objectives for English Language learning whilst you are in Oxford? Are there any particular topics you are interested in?

4 LEVEL OF ENGLISH

Please give your own assessment of your ability in the following. Use the key below and write a number in each box:

Vocabulary	Grammar	Listening	Speaking	Reading	Writing

Key:

1 = Very Low 4 = Good
2 = Basic 5 = Very Good
3 = Average 6 = Excellent

5 LEISURE INTERESTS AND HOBBIES

Blank area for writing leisure interests and hobbies.

6 PERSONAL STATEMENT

In no more than 500 words, please give us further information about you and your reasons for applying for this course at Oxford. Please mention any relevant study or travel experience which you feel would benefit your application.

Are there any particular interests you would like to pursue while you are in Oxford?

7 STUDENT MEDICAL FORM

We need the following information to ensure you have the best possible care during your stay.

IMPORTANT:

- You must be vaccinated against Meningitis C before you come to the UK. Please provide us with your vaccination certificate.
- You must take out travel and medical insurance before you come to the UK.

- 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?

- Have you travelled outside of your home country before (where, when and for how long)?

- Have you had the Meningitis C Vaccination? If no, please ensure you are vaccinated before joining this programme.

- Is there anything else you think we ought to know about your health?

8 DISCLAIMER AND SIGNATURE

By signing, I accept I will be taking out travel insurance, have been vaccinated against Meningitis C and have applied for the correct visa.

Parent or guardian signature: _____ Date: _____

Print name: _____

In case of emergency, please contact: _____

Emergency contact address:

Student Signature: _____ Print name: _____ Date: _____

