

St Catherine's College

Reply Form for New Graduate-Entry Medicine Students

Please return in an envelope addressed to

Graduate-Entry Medicine Freshers' Mailing, St Catherine's College, Oxford, OX1 3UJ,
United Kingdom

by Monday 6 September

Name: _____ (Please print)

Course: _____

Email: _____

I enclose the following:

- | | | |
|--|---------------------------------|--------------------------------|
| 1. A completed St Catherine's College Student Contract | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. A completed University Card Form (with passport-sized photo with name on reverse attached) | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 3. Two passport-style photos (with your name on reverse of each photograph) | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 4. A print out of the registration confirmation email you will receive after registering with the College Doctors at http://www.campusdoctor.co.uk/oxford/ | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 5. A completed Emergency Contact Details Form | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |