St John's College

Document return checklist for Undergraduate Students

Please return to: Undergraduate Freshers' Mailing, College Office, St John's College, Oxford, OX1 3JP, United Kingdom by Monday 4th September 2017

Name:		(Please print)	
Co	urse:		_
En	nail:		_
I enclose the following:		Yes	No
1.	A completed University of Oxford Card Form (with Signed photo attached)		
2.	A completed St John's College Student Contract		
3.	Two additional passport photos (with name on reverse)		
4.	A completed Emergency Contact Details Form		

Medical Registration (Select one option):

I confirm that I have registered online with the College Doctor (the 19 Beaumont Street Medical Practice).

OR

I have decided to register with the following medical practice in Oxford:

Name of Practice:

Address:

Name of GP: