



**Somerville College, Oxford**  
**2017 Checklist (Sleep Medicine Students)**

Student name	
Date of birth	
Email address	

Form	Please tick if enclosed
Somerville College graduate student contract	<input type="checkbox"/>
Data protection form	<input type="checkbox"/>

- Please complete and return the forms in one envelope including a copy of this checklist.
- For security reasons, your bank account details should be sent completely separately from the other registration documents. Please tick here to confirm that this form has been sent in a separate envelope. ☐
- The envelope should be returned to:  
Academic Office (Registration)  
Somerville College  
Woodstock Road  
Oxford OX2 6HD  
United Kingdom
- Please ensure that the envelope reaches the College by **Friday 1<sup>st</sup> September 2017**.
- If you have any queries, please email [academic.office@some.ox.ac.uk](mailto:academic.office@some.ox.ac.uk).