



2019 REGISTRATION CHECKLIST (MSC SLEEP MEDICINE)

Forename	
Surname	
Date of birth	
Email address	

Form	Please tick if enclosed
Somerville College student contract	<input type="checkbox"/>
Consent to share data form (optional)	<input type="checkbox"/>

- Please return all forms in one large envelope with a completed checklist. Please ensure that you have paid the correct postage as large envelopes are more expensive.
- Where documents have more than one page, please print them double-sided if possible. If they have more than two pages, please staple together all pages of the document in the top left-hand corner.
- The envelope should be sent to:  
Student Registration  
Academic Office  
Somerville College  
Woodstock Road  
Oxford OX2 6HD  
United Kingdom
- Please ensure that the envelope reaches the College by **Saturday 31<sup>st</sup> August 2019**.
- If you have any queries, please email [academic.office@some.ox.ac.uk](mailto:academic.office@some.ox.ac.uk).