

# **OXFORD EDUCATION SUMMER PROGRAMME - APPLICATION FORM**

All students need to complete this form (please use CAPITAL LETTERS) and send it to: *By email:* <u>ines.molinaro@stclares.ac.uk</u>

By mail: Director – Oxford Education Summer Programme St. Clare's, Oxford 18 Bardwell Road Oxford OX2 6SP

# **PERSONAL DETAILS:**

Family name:	
First name:	
Date of birth:	Sex:
Home address:	
Telephone:	
Email:	
How did you hear about St Clare's?	
EDUCATIONAL DETAILS:	
Name of present university or college:	
Person in charge of study abroad programmes:	
Name of academic advisor:	
What is your declared / intended major:	
Educational level at proposed time of entry to St. Clare's: (e.g sophomore, junior, senior):	

## OXFORD EDUCATION STUDIES PROGRAMME - MONITORED PLACEMENT

Please $\checkmark$ the appropriate box				
School placement requirement:	Primary	Secondary		
It is your responsibility to ensure that you have the following and are able to give us copies should we need them				
	Police Check	Full Visa		

#### ACADEMIC STATEMENT

To the applicant's Academic Advisor or Study Abroad Coordinator, please endorse the following statement:

I hereby certify that the applicant is a student in good standing and the courses chosen for credit form a satisfactory programme of study.

Signature:	
Please PRINT name:	
Date:	

#### PAYMENTS

- A credit or debit card payment for the deposit of £500 is required with this application form.
- You will be invoiced for the balance of the fees.
- We are unable to confirm your reservation on the programme until we receive the deposit.
- The balance of the fees must be paid at least 3 weeks before the programme starts.
- If applying 5 weeks or less before the start of the programme you need to send the full fees.

## Please $\checkmark$ the appropriate box

□ Visa □ MasterCard □ JCB □ Switch / Maestro

Please note that a surcharge of 2% will be made for credit card payments above £1000 (one thousand pounds)

Please charge my card with the Programme Deposit of £500

Card number:	
Name on the card:	
Security code: (3 numbers on the strip on the back of the card)	Expiry date:

#### PAYMENT OF FULL FEES

If you have paid your deposit by card then you may also pay the balance of fees by card, 3 weeks before arrival. If you wish to do so please  $\checkmark$  the box.

□ Please charge my credit / debit card for the balance of my fees 3 weeks before the course starting date.

All applicants need to sign the statement below:

I have read the St Clare's <u>Terms & Conditions</u> relating to fees and additional information supplied and, if accepted onto the St. Clare's Summer Programme, agree to abide by the conditions and to pay the fees as specified therein.

Signature o	f applicant:	
Date:		
Email:	manuela.williams@stclares.ac.uk	Tel: +44 1865 517706 - Fax: +44 1865 553751 ·