

OXFORD EDUCATION SUMMER PROGRAMME - APPLICATION FORM

All students need to complete this form (please use CAPITAL LETTERS) and send it to:

By email: ines.molinaro@stclares.ac.uk or

By mail: Director - Academic 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?	
COURSE OPTIONS These are the course options. Follow the link to reachosen your preferred options, please list them below	ad the published course descriptions. Once you have ow.
 Oxford Art and Architecture (art history, 3 English Civil War (history, 3 credits) Terrorism (politics, 3 credits) European Ideas: Enlightenment to Romant 	icism (philosophy, 3 credits)
 Philosophy of the Imagination in Oxford (p Shakespeare (English literature, 3 credits) Gothic Fiction (English literature, 3 credits The Oxford of Literature (English literature Travel Writing (English literature, 3 credits Eastern Religions (religion, 3 credits) 	s) s, 3 credits)
COURSE CHOICE	
Title of first course (total of 3 credits) \$2300:	
Title of second course (total of 6 credits) \$3500:	

EDUCATION DE	TAILS			
Name of present	university or college:	_		-
Person in charge	e of study abroad program	mmes:		-
Name of academ	nic advisor:	_		-
What is your dec	elared / intended major:	_		-
	I at proposed time of ent sophomore, junior, senio			-
ACADEMIC STA To the applicant's		Study Abroad Coo	ordinator, please endorse the following statement:	
	that the applicant is a s gramme of study.	tudent in good st	tanding and the courses chosen for credit form a	ı
Signature:				
Please PRINT na	ame:			
You willWe areThe ballIf applyi Card Payment	be invoiced for the bala unable to confirm your rance of the fees must be ing 5 weeks or less before	nce of the fees. eservation on the e paid at least 3 w re the start of the	E500 is required with this application form. It programme until we receive the deposit. It programme the programme starts. It programme you need to send the full fees. Our Please ✓ the appropriate box	
☐ Visa	☐ MasterCard	JCB	☐ Switch / Maestro	
Card number:				
Name on the car	d:			
Security code: (3 on the back of th		Expiry	date:	
	your deposit by card you		e balance of fees using the same card 3 weeks befor nade for credit card payments above £1000.	ore the
Please cha	rge my credit / debit car	d for the balance	of the fees - please ✓ the box	
All applicants nee	ed to agree to the staten	nent below: pleas	se ✓ the box	
	e St. Clare's Academic S		ng to fees and additional information supplied and, me, agree to abide by the conditions and to pay the	

Email: Manuela Williams - manuela.williams@stclares.ac.uk - Tel: +44 1865 517706 - Fax: +44 1865 553751