

English Language Application

Section 1 Applicant Details (Please tick the applicable box or print where specified)

Title: Mr Mrs Miss Other

Surname / Family name: First name(s) (in full):

Previous Family name (if applicable):

Gender: Male Female Date of birth: / / Country of birth:

First language: Nationality:

Passport number: Passport expiry date: / /

Have you ever applied to City college Oxford before? Yes No If yes, when? / /

Home/Permanent address:

.....

Postcode/Zipcode: Country:

Mobile number: Email address:

Correspondence/Agents address (if applicable):

..... Postcode/Zipcode:

Telephone number: Fax number:

Section 2 Finance: How will your studies and maintenance be financed?

Self Family Government/Sponsor Employer

Please give details of employer/sponsor:

.....

Please note that if you are being sponsored by a government/sponsor, institution or employer you must provide a sponsorship letter.

Section 3 English Language Course

General English IELTS/TOEFL Business English Private one to one

Course start date: Course end date:

Number of weeks:

Hours per week: 5 hours 15 hours 20 hours

What is your level of English?

Beginner Elementary Pre Intermediate Upper Intermediate Advanced

IELTS/TOEFL Score: Date:

If available, would you prefer a man/woman only class? Yes No

Section 4 Accommodation (see website for details)

Would you like City College Oxford to arrange accommodation for you? Yes No

Start date (Saturday): / / End date (Sunday): / /

Host family Student residence

Do you have any special requirements? (e.g. vegetarian/halal food, no pets)
If yes, please specify below:

Section 5 Airport Transfer (see website for details)

Would you like City college Oxford to arrange an airport transfer for you? Yes No One way Return

Date of arrival in Airport : / / From:

Flight Code: Arrival Time: : (24 hour clock)

Airport transfer cannot be arranged until these details are provided.

Section 6 Disabilities/Special Needs

Do you have a disability or medical condition that might require special arrangements or facilities? Yes No

If yes, please give further details below:

Section 7 Next of Kin / Emergency contact

Full name: Email:

Telephone number: Relationship to you:

Section 8 Additional Information

How did you hear about City College Oxford?

City College Oxford website Former student Friend/Family member

Search engine/Internet Education fair/Exhibition Agent (please specify)

Advertisement (please specify):

Other:

Section 15 Declaration

Declaration

I confirm that, to the best of my knowledge, information given in this form is correct and complete. I have read the Enrolment Terms and Conditions. I understand what they say and I agree to abide by the conditions set out, which I accept as conditions of this application.

Please refer to the website for Enrolment Terms & Conditions.

Student's signature:

Date:

Please return your completed application together with evidence of your academic qualifications to:

Admissions
City College Oxford
51 Cornmarket street
4th floor
Oxford, OX1 3HA

Telephone: +44 (0) 1865 722 326
Fax: +44 (0) 1865 249 540
Email: admissions@citycollegeoxford.com