

Oxford Centre for Hebrew and Jewish Studies

VISITOR APPLICATION FORM

Please write in capital letters throughout

Surname: Prof / Dr / Mr / Mrs / Ms / Miss

Forename(s):

University/Work address:

.....

.....

Telephone No: Fax No:

E-mail address:

Home address:

.....

.....

Telephone No: Fax No:

E-mail address:

* Please indicate your preferred e-mail & postal address: HOME or UNIVERSITY (delete as appropriate) *

Preferred dates: Arrival:

Departure:

(Please note these are preferred dates only and cannot be guaranteed)

Accommodation requirements:

- | | | | |
|---------------------|--------------------------|---------------------|--------------------------|
| 1 bedroom apartment | <input type="checkbox"/> | 2 bedroom apartment | <input type="checkbox"/> |
| 2 bedroom cottage | <input type="checkbox"/> | 3 bedroom cottage | <input type="checkbox"/> |

Number of family members who will be residing with you for the duration of your stay:

Name of spouse/partner: No. of children:

Names and ages of children who will reside with you:

Name: Age: Male/Female

Name: Age: Male/Female

Name: Age: Male/Female

Signature: Date: