UNIVERSITY OF OXFORD

OXFORD CENTRE FOR HEBREW AND JEWISH STUDIES

JUNIOR VISITING SCHOLAR APPLICATION FORM

Note: Please write in capital letters throughout.

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

Forename(s): .....

University/Work Address:* .....

.....

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Telephone No: .....

Email Address:* .....

Mobile No: .....

Home Address:* .....

.....

Telephone No: .....

Email Address:* .....

***Please indicate your preferred email and postal addresses:**

HOME <u>or</u> UNIVERSITY (delete or leave blank as appropriate)*

Preferred dates Arrival: .....

Departure: .....

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

Signature: ..... Date: .....