

POSTGRADUATE TREASURY FORM

To enable the Treasury to set up the necessary computer records before your arrival, please complete this form and return it to graduate.admissions@univ.ox.ac.uk no later than 1st September 2025.

PERSONAL DETAILS:					
Surname:	First	name:		Title:	
Address:					
Postcode:	Persor	nal Email:			
Tel:					
Date of Birth:	Natio	onality:			
PROGRAMME DETAILS	:				
Subject(s):					
Course Type: PG Research/PG Taught/PGCE/Clinical Medic					
Degree Type e.g. DPhil, MPhil, MSt, MSc:			Duration:	years	
FEE PAYMENT DETAILS	:				
My fees will be paid by (please circle one of the following):					
Research Council	Scholarship/Studentship	Family	Self-funding	Private Sponsor	
Other (please provide o	details):				
Please provide the full name and address of the person(s) or organisation to be invoiced:					
Name:					
Organisation:					
Address:					
				-	
				-	

DECLARATION:				
I confirm that the above details are correct.				
I have provided the name and address of the person's to be invoiced.				
SIGNED:	_ Date:			

Please note:

TUITION FEES

All students are responsible for the payment of their fees regardless of the funding provider and fees should be paid in full by Friday of 1st week of Michaelmas Term unless a prior arrangement has been made with the Treasury. Those in receipt of an award which pays their fees direct to the College must contact the Treasury. Unless the Treasury receive confirmation that fees are being paid by a funding body by Monday 22nd September 2025, the fees will be charged to your own personal batells and you will be required to pay them.