

**APPLICATION FORM FOR
ASSOCIATE MEMBERSHIP OF THE MCR**

Surname:

Forenames:

Date of birth:

Sex:

Nationality:

Please note that Associate Membership of the MCR may only be granted for 1 academic year at a time (re-election for subsequent years may be possible). Please state period of association required for the current academic year:

Reason for requesting Associate Membership:

Details of research in Oxford (where applicable):

Oxford contact address:

.....

.....

Telephone number:

Fax number:

Email address:

Permanent home address:

.....

.....

Telephone number:

Fax number:

Email address:

PLEASE INCLUDE A BRIEF C.V. (no more than 2 pages) WITH THIS APPLICATION FORM. A LETTER OF SUPPORT FROM A FELLOW OF THE COLLEGE IS ALSO REQUIRED TO BE INCLUDED IF YOU ARE APPLYING FOR CATEGORY (A) MEMBERSHIP.

Applicant's signature:.....

Date:.....

Nominated by MCR President:

Category A /Category B* **(please circle appropriate category of associate membership)*

Approved by Dean of Graduates:

To Warden & Tutors' for report: