TRINITY COLLEGE
UNIVERSITY of OXFORD

New Student Form
Trinity College, Oxford

I accept the offer to read for the degree of ..... (insert degree/course title) at Trinity College, Oxford starting in the academic year 2026-27. I agree to abide by the College Regulations throughout my period of study.

I acknowledge that I am responsible for the payment of College and University fees and charges. I realise that they are likely to be increased each year.

Trinity College would like to include some of your details in our Annual Report. This is limited to the following:

- First name and surname (family name)
- Previous academic institution
- Upon receipt of your results, your name and your course title. We do not publish your results.

The latest Annual Report can be viewed here for reference.

☐ **Please tick this box if you consent to us publishing this data.** You are free to withdraw your consent at any point. To do so, please email the undergraduate administrator, Isabel Lough: isabel.lough@trinity.ox.ac.uk.

Full Name:	
Preferred first name:	
Home address:	
	Postcode/Zipcode:
Telephone:	
Email address:	
Signature (hand-written signature required):	Date:

Please complete and return this form to Isabel Lough (isabel.lough@trinity.ox.ac.uk) by 4th September 2026.

Please also send a digital passport photo of yourself to Isabel by the same date.