

**OXFORD COLLEGE ODL**  
 Belsyre Court,  
 57 Woodstock Road,  
 Oxford,  
 OX2 6JH  
 TEL: 08444-142800  
 EMAIL: [CONTACT@OXFORDCOLLEGE.AC](mailto:CONTACT@OXFORDCOLLEGE.AC)

<b>How did you hear about Oxford College ODL?</b>		
<b>Have you previously studied at level 3?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>A LEVEL</b> <input type="checkbox"/>		<b>DIPLOMA</b> <input type="checkbox"/>	
2 YEAR <input type="checkbox"/>	FAST TRACK <input type="checkbox"/>	PROFESSIONAL DIPLOMA <input type="checkbox"/>	
AS ONLY <input type="checkbox"/>	A2 ONLY <input type="checkbox"/>	ASCENTIS LEVEL 3 <input type="checkbox"/>	ASCENTIS LEVEL 5 <input type="checkbox"/>

<b>COURSE TITLE</b>	<b>COST</b>	<b>INSTALMENTS (UK RESIDENTS ONLY)</b>	<b>FULL</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CALL OR EMAIL FOR INSTALMENT PLAN.  
 EMAIL: [CONTACT@OXFORDCOLLEGE.AC](mailto:CONTACT@OXFORDCOLLEGE.AC) TELEPHONE: 08444 -1428009

**TOTAL VALUE PURCHASED**

<b>STUDENT INFORMATION</b> (PLEASE USE BLOCK CAPITALS)	
<b>NAME:</b>	_____
<b>DOB:</b>	_____
<b>MALE:</b> <input type="checkbox"/>	<b>FEMALE:</b> <input type="checkbox"/>
<b>ADDRESS:</b>	_____ _____
<b>POST CODE:</b> _____	<b>COUNTRY:</b> _____
<b>*HOME TELEPHONE:</b> _____	<b>EMAIL:</b> _____
<b>ALTERNATIVE TELEPHONE:</b>	_____

**PAYMENT METHOD:**

**CREDIT CARD/DEBIT CARD/CHEQUE/WESTERN UNION (PLEASE CIRCLE)** Western Union Payments should be made to Deborah Coombe in Gibraltar. Cheques should be made payable to Oxford Learning.

**WESTERN UNION PAYMENT REF NUMBER:** \_\_\_\_\_

**PLEASE DEBIT MY ACCOUNT:**

MASTERCARD      VISA      SWITCH      DELTA      SOLO      ELECTRON

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<b>VALID FROM:</b> __/__/__	<b>EXPIRY:</b> __/__/__	<b>ISSUE NO:</b> __/__/__
<b>SECURITY NO:</b> __ __ __ (THE LAST 3 DIGITS ON SIGNATURE STRIP)		
<b>CARD HOLDER NAME:</b> _____ AS IT APPEARS ON CARD		
<b>CARD HOLDER SIGNATURE:</b> _____		

<b><u>CARDHOLDER INFORMATION (IF DIFFERENT FROM STUDENT)</u></b> <b>(PLEASE USE BLOCK CAPITALS)</b>	
<b>NAME:</b>	_____
<b>ADDRESS:</b>	_____ _____ _____
<b>POST CODE:</b> _____	<b>COUNTRY:</b> _____
<b>*HOME TELEPHONE:</b> _____	<b>EMAIL:</b> _____
<b>ALTERNATIVE TELEPHONE:</b> _____	

**OXFORD COLLEGE ODL RESERVES THE RIGHT TO REFUSE ENROLMENT.**  
PLEASE ENSURE YOU HAVE COMPLETED ALL INFORMATION REQUIREMENTS AND SEND TO:  
ADDRESS TOP OF THE PAGE **OR** EMAIL TO [CONTACT@OXFORDCOLLEGE.AC](mailto:CONTACT@OXFORDCOLLEGE.AC)