**Important: please read this section carefully before submitting an application**

This form is for use in making an application for a student member to migrate from one college to another under *University’s* [*Regulations for Readmission and Migration.*](https://examregs.admin.ox.ac.uk/Regulation?code=rfreadandmigr)

The Proctors’ approval is needed when a student wishes to change College while still on the same degree course (including a graduate reading for an MSt which is required as the PRS stage of a DPhil). This form must be completed and signed by a duly authorised officer of both the releasing and the receiving Colleges, then sent to the Proctors’ Office.

***The Proctors’ approval is not required if a student:***

1. has completed one degree and is starting another course at a different college;
2. is moving to another college in order to take up an office or emolument;
3. is changing college soon after arrival at the University, before matriculation.

In the case of b) and c) above the releasing college needs to email aro@admin.ox.ac.uk for undergraduates and dqt@admin.ox.ac.uk for postgraduates providing the effective date of change of College and if necessary stating how fee liability is to be arranged.

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| **SECTION 1: TO BE COMPLETED BY THE APPLICANT’S CURRENT COLLEGE**  |
| **Surname/Family name**  |   | **First/Given name(s)**  |   |
| **University student no.**  |   |   |   |   |   |   |   |   |   |
| **Level of Study**  | Undergraduate  |   | Taught Postgraduate  |   | Postgraduate Research  |   |
| **Programme of study**  |   |
| **Current College:**  |   |
| **Term and year of matriculation**  |   |
| **Term and year of migration**  |   |
| **Reason for the request to migrate to another college**  |   |
| **Are you submitting any evidence to support this request?**   | No ​☐​  | Yes ​☐​  |
| ​​☐​ By ticking this box you confirm that the College supports the migration and, subject to the Proctors’ consent, agrees to release the above student to membership of the college/society in order to continue their current course.   |  |
| **Name**  |   | **College Position**  |   |  |
| **Email**  |   | **Date**  |   |  |

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| **SECTION 2: TO BE COMPLETED BY THE APPLICANT’S INTENDED NEW COLLEGE**  |
| ​​☐​ By ticking this box you confirm that the College accepts the reason for migration and, subject to the Proctors’ consent, agrees to admit the above student to membership of the college/society in order to continue their current course.   |
| **Name**  |   | **College Position**  |   |
| **Email**  |   | **Date**  |   |

Please send the completed form to casework@proctors.ox.ac.uk