

DEPARTMENTAL RECORD SHEET

Please fill in the details below and submit this form, together with your passport-sized photograph, to the Postgraduate Administrator at departmental registration in Week 1.

PLEASE KEEP THE OFFICE INFORMED OF ANY CHANGES AND ENSURE THAT E-VISION IS UPDATED

Name: _____

**York term-time address
& telephone no. (if known):** _____

Mobile number: _____

(it is particularly important that we have an up to date mobile number on file. Please remember to let us know if you change your number!)

**Home address
& telephone no.:** _____

**Next of kin (& address /
telephone no. if different
from above):** _____

**Anything relevant you feel should
be recorded on your departmental
record:
(i.e. an ongoing condition; dyslexia etc.)** _____

**Please sign (giving permission to pass
this information on to tutors/supervisor):** _____

This form will be placed in the strictest confidence in your personal student file, which is stored securely at all times in the department.