

# EMMANUEL COLLEGE, CAMBRIDGE

Surname \_\_\_\_\_ Previous Degree(s) \_\_\_\_\_

Forename(s) \_\_\_\_\_ Date(s) \_\_\_\_\_  
(In full and all in block letters please)

Present address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent address \_\_\_\_\_  
for College \_\_\_\_\_  
records \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(Please indicate to which address you wish your degree certificate to be sent)*

Delete where necessary:

I wish to take my .....degree

in person at the Congregation on .....

I shall/shall not require accommodation for the night(s) of .....

I shall/shall not be able to lunch\* before the Congregation and shall/shall not be accompanied by a guest

\*Vegetarian/non-vegetarian

I wish to take my .....degree by proxy

Signature .....

Please remember to enclose a cheque for (Fee £5.00/£8.00\*\*, Room and Breakfast £25.30) made payable to Emmanuel College with your reply.

\*\* £5.00 fee if you took your first degree at this university, £8.00 if you took it at another university.