

# VISITING MEMBERSHIP FORM



# WOLFSON COLLEGE CAMBRIDGE

(Please return to [Registrar@wolfson.cam.ac.uk](mailto:Registrar@wolfson.cam.ac.uk))

\*Completion of these fields is optional. All fields expand as your type.

For Office use:

WCID

STATUS:

Title	First Name	Other Names		Surname (Family Name)	
Post-nominals/Suffix(es)		Date of Birth (dd/mm/yyyy)	Nationality		
Male/Female	M/F	USN (if known)	CRSID		
Permanent Home address			Business/Academic Address		
@cam Email address			Preferred Email Address		
Present Occupation(s)			Business/Academic Institution(s)		
*Web address/Blog details			Correspondence address? Please tick		
			Business/Academic ( ) Home ( )		
Degrees (with dates and academic institution)					
Dates of Visit (dd/mm/yyyy – dd/mm/yyyy) /Academic Term(s)					
Academic Affiliation - CU Faculty/Department/Partnered Institution					
Name of Faculty/Department			Name of Principal Contact		
Brief Details of Sabbatical / Work/ Study / Research to be undertaken (max 500 words)					
Accommodation (Note:- The College does not have family accommodation)					
Do you wish to stay at Wolfson?	Y/N	Single/double room? (delete as appropriate)			
Date form completed (dd/mm/yyyy)					

We are committed to protecting your personal information and being transparent about what information we hold. Please consult [Data Protection Policy](#) for further information.