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Every Student on FIRST Matriculation in EACH FACULTY in this University must, after signing the Matriculation Album, fill up this form, in so far as applicable, and hand it to the Clerk with the smaller form and the Matriculation Fee.

1. Number of Signature in Album -	103
2. Name in full - - - - -	John Wm Scott Macgie
3. Birthplace - - - - -	New Ferry
4. Of what Country (Nationality) -	England
5. Age last Birthday (<i>required only of Students of Medicine, and in certain Bursary and Scholarship Competitions</i>) - - - - -	18
6. Faculty or Faculties in which the Applicant proposes to study - -	Medicine and Science
7. School Education. — School or Schools attended by the Applicant, with the period of attendance at each (<i>desirable in the case of Undergraduates and Candidates for Scholarships, &c.</i>) - - -	Oundle School. (4 yrs).
8. Previous University Education (if any)— (a) University or Universities - (b) Number of Years thereat - (c) Faculty or Faculties - - (d) Degree or Degrees - -	
9. Previous Medical (other than University) Education (if any)— (a) Medical School or Schools - (b) Number of Years thereat - (c) License or Licenses - -	