



APPLICATION FORM

Study Abroad or Exchange 2010

I. Personal Details

Enter your full name in this section as shown on your birth certificate or passport. You should attach a witnessed copy of your birth certificate or a witnessed copy of the personal details page from your passport.

Student Number (office use only)

Title (tick one) Mr Miss Ms Mrs Dr

Other (please specify)

Family Name

Given Name(s)

Preferred Given Name

Previous Name(s)

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Gender

Male Female

Nationality (List countries where you hold Citizenship/Residence)

Citizenship

Residence Visa

Ethnic Origin(s) (This information is used for New Zealand Ministry of Education statistical purposes or University purposes only)

Please indicate the group(s) with which you identify.
(Tick one or more boxes)

121. British/Irish
122. Dutch
123. Greek
124. Polish
125. South Slav
126. Italian
127. German
128. Australian
129. Other European (please specify)
-
311. Samoan
331. Tongan
361. Fijian
371. Other Pacific Peoples (please specify)
-
411. Filipino
412. Cambodian
413. Vietnamese
414. Other Southeast Asian (please specify)
-
421. Chinese
431. Indian
441. Sri Lankan
442. Japanese
443. Korean
444. Other Asian (please specify)
-
511. Middle Eastern
521. Latin American
531. African
611. Other (please specify)
-

If you identify with more than one ethnic group, please list in order of your preference (e.g. 127, 121).

Disabilities

Do you have an impairment, disability or long-term medical condition?

Yes No

If yes, how would you describe your impairment, disability or medical condition? Please tick one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> 1. Deaf | <input type="checkbox"/> 7. Head Injury |
| <input type="checkbox"/> 2. Hearing | <input type="checkbox"/> 8. Mental Health |
| <input type="checkbox"/> 3. Blind | <input type="checkbox"/> 9. Mobility |
| <input type="checkbox"/> 4. Vision | <input type="checkbox"/> 10. Speech |
| <input type="checkbox"/> 5. Specific Learning | <input type="checkbox"/> 11. Temporary Impairment |
| <input type="checkbox"/> 6. Medical | <input type="checkbox"/> 12. Other (please specify) |

Does your impairment, disability or medical condition affect your study?

Yes No

Emergency Contact Person (Next of Kin)

Name

Relationship

Email address

Telephone ()

Country of Residence

Permanent Home Address

Email Address

Mobile Telephone ()

Address

State/Province

Postcode/ZIP Code

Country

Telephone ()

Facsimile ()

Permanent home address valid from

to
Day Month Year Day Month Year

Correspondence Address (If different from Permanent Home Address. This is the primary address the University will use to contact you.)

Address

State/Province

Postcode/ZIP Code

Country

Telephone ()

Facsimile ()

Correspondence address valid from

to
Day Month Year Day Month Year

Preferred Method of Contact (Please indicate how you would like the University to contact you about enrolment matters. Tick one box only.)

Email Post



2. Appointment of Agent (to be completed by the applicant)

Are you using a University of Otago approved agent to handle your application?:

Yes No

If yes, I authorise the University of Otago to release personal information to the following agent:

AA Education Network 26 Koorunga Avenue, Cleveland QLD 4163 www.aa-education.com

Phone: +61 7 3488 2916 info@aa-education.com

3. Proposed Study at the University of Otago

I plan to begin study in:

Semester 1 (Feb - June) Semester 2 (July - Nov) Summer School (Jan - Feb)
Year Year Year

I wish to study for:

One Semester Two Semesters Summer School

Paper Selection

Please specify below the individual papers for which you wish to register, and the relevant teaching period (S1 for first semester; S2 for second semester; FY for full year; SS for Summer School). It is recommended that you gain approval from your home institution for a number of papers, and make your final decision once you are at Otago.

The University can seek pre-approval for papers which:

- you **must** take in order to graduate, or
- involve a fieldwork component.

Please tick the pre-approval column below for relevant papers. Papers should be listed in order of preference. Please note that acceptance is automatic for 100-level papers.

To complete this section, you will need to refer to the *Guide to Enrolment 2010* or the University's website, www.otago.ac.nz/subjects
 Paper prescriptions are available as a PDF from www.otago.ac.nz/international/study_abroad

Paper Code	S1, S2, FY or SS	Paper Name	Pre-approval (please tick)
Example EAOS 111	S1	Earth and Ocean Science	✓

4. Enrolment Category

Please indicate how you plan to enrol at the University of Otago

- A. As an exchange student participating in a bilateral student exchange agreement existing between my college/university and the University of Otago.
 (Please have the Exchange Co-ordinator from your college/university complete Section 10 – Nomination for Study Abroad or Exchange.)
- B. As a Study Abroad student participating in an approved programme at the college/university where I am enrolled.
 (Please have your Study Abroad Adviser from your college/university complete Section 10 – Nomination for Study Abroad or Exchange.)
- C. As a Study Abroad student participating in an approved programme offered by a college/university other than where I am enrolled, or through a Study Abroad placement organisation.
- D. As an independent Study Abroad student. I am applying to the University of Otago independently from any programme offered by my college/university or any other institution or organisation. I will pay my tuition fees directly to the University of Otago.

5. English Language Proficiency

You will be required to produce evidence of your English language proficiency if English is not your first language.

Is English the language that you and your family speak at home? Yes No

Please attach evidence of your English proficiency

Test name Result

If you are yet to take a test, please indicate when results will be available:

6. Pre-University Study (this information is used for statistical purposes)

Secondary/High School Qualifications

Please name the school where you are at present, or were last enrolled.

School

Country Last year enrolled

7. Previous University Study

If you have previously attended any tertiary institution, either in New Zealand or overseas, please specify your first year of enrolment.

First Year of Enrolment at any Tertiary Institution

If applicable, please indicate the last type of tertiary institution you attended. *(Tick one only)*

- Overseas university
 New Zealand university
 New Zealand college of education
 Overseas tertiary institution
 New Zealand polytechnic
 New Zealand private training establishment

Name of Institution <i>(Beginning with current institution)</i>	Years of Enrolment <i>(year to year)</i>		Degree	Major Subject	Overall Grade Point Average
	From	To			

You are currently

- Freshman/1st Year
 Sophomore/2nd Year
 Junior/3rd Year
 Senior/4th Year
 Master's student
 PhD student

Please list any courses that you are currently enrolled in but which do not appear on your transcripts

Course Name	Semester

Year of University Study

2010 will be my year of university study (including overseas).
 (e.g. 1st, 5th)

8. DECLARATION AND SIGNATURE

Please read the following declarations and sign below.

Admission and Enrolment

I declare that all the information now submitted, or which I will later submit, in connection with my enrolment (whether on a physical form, entered electronically, or in any supporting documents) is correct and complete.

I authorise the University of Otago to obtain official records from any educational institution that I have previously attended.

I understand that the University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me.

Regulations

I do solemnly promise that I will faithfully obey the regulations of the University of Otago so far as they apply to me; and I hereby declare that I will have attained the age of sixteen years by 31 December 2009.

Note: This declaration (which is required to be made by virtue of the University's Admission and Enrolment Statute) confirms the binding nature of all regulations established by or under the authority of the University Council. Attention is particularly drawn to:

The Code of Student Conduct (published in the University Calendar and at www.otago.ac.nz/study/regulations/discipline.html#codeofstudentconduct); and

The Computer Regulations (published in the University Calendar and at www.otago.ac.nz/study/regulations/computer).

Fees and Course Materials

I accept responsibility for the payment of all fees (including tuition fees) charged by the University. Should I default on payment of all or part of those fees, I agree to pay all costs relating to the collection of the outstanding debt. If my fees are paid by a Government Student Loan through the Ministry of Social Development (StudyLink) and I become eligible for a refund of all or part of those fees, I authorise the University to pay the refund directly back to StudyLink to be credited against my student loan balance. I undertake to return course materials supplied to me in connection with any paper from which I subsequently withdraw, if that is a departmental requirement, or to accept liability for payment for the material.

Course of Study

I accept responsibility for satisfying myself as to the suitability of my own course of study. I understand that my course must comply with programme regulations and that I must not undertake a course involving unresolved timetable clashes. I acknowledge that in finalising my course and in making any subsequent changes I must abide by requirements of Advisers of Studies.

Amendments to Course

If the course for which I have sought enrolment requires amendment (because of my failure in any examinations or assessment, or because of the regulations for the programme concerned) I agree that the University may make any necessary changes to my course. I understand that I will be informed in writing of any such changes or will have the opportunity to revise my course in consultation with relevant Advisers of Studies.

Privacy

I understand that information supplied in connection with my enrolment and study at the University may be used (a) by members of the University's academic and administrative staff for purposes relating to my enrolment and study, and also for such purposes by any other tertiary institution in New Zealand to which I may transfer and (b) for purposes external to the University when the information is in statistical form or when the University reasonably believes it is not to my disadvantage for such external use to occur.

I acknowledge that, in accordance with the provisions of the Privacy Act 1993, disclosure of my information may be required or permitted in certain cases, including disclosure to Government agencies such as the New Zealand Police, Ministry of Education, Ministry of Justice, Ministry of Social Development, Accident Compensation Corporation, Inland Revenue Department and the Tertiary Education Commission.

I understand that I have the right to see, and correct if necessary, information held about me.

Computer Use

I understand that the University may monitor data entered or changed by users and reserves the right to take disciplinary action in cases involving false, misleading, or offensive data, and that the University accepts no liability for consequences arising from the divulging of usernames or passwords to others.

Copyright

I understand that I must observe the Copyright Act 1994 in relation to any teaching materials supplied to me in the course of study at the University and that I may not make unauthorised sound recordings of lectures or audioconferences.

Intellectual Property Rights (for thesis students)

I undertake to abide by the University's Policy for Intellectual Property Rights of Graduate Research Students.

Immigration (for students who are not New Zealand citizens)

I authorise the University and Immigration New Zealand and the Department of Labour to supply information about me to each other if it is considered to be relevant to my immigration status and/or my enrolment status.

Applicant's Signature

Date

For immediate application purposes a scanned or faxed copy of this form can be used to begin the application process. However, a form with an original signature of the applicant must be airmailed or couriered to the International Office as early as possible, in order to finalise your application.

9. Checklist

Have you included the following:

Certified/notarised copies of academic transcripts from all colleges or universities attended

Certified/notarised copy of English language results for non-native speakers of English

Certified/notarised copy of your birth certificate or passport (personal details page).

Certified/notarised copies must:

- 1) be stamped with an official seal or stamp
- 2) bear the printed name and signature of the person certifying the copy
- 3) have the date when the copy was certified.

Please note: You must attach documentary evidence (in English) of all qualifications, including results of studies currently being undertaken. If photocopies are provided, they must be certified/notarised. The following people may witness/certify documents as true copies of the originals: Justice of the Peace; Notary Public; Solicitor; Student Records Officer; Study Abroad/Exchange Adviser.

10. Nomination for Study Abroad or Exchange

This section must be completed by the Study Abroad Adviser or Exchange Administrator from the institution co-ordinating the application process to the University of Otago (only for student categories A and B listed in Section 4 of this form).

This is to certify that has been nominated and approved to apply to the University of Otago as a:

Study Abroad student

Exchange student (as part of a bilateral student exchange agreement with the University of Otago)

Write your name, position and contact details

Given name Family name

Position Telephone

Address

Fax

Email

Signature

Indicate where notification of acceptance should be sent

Student's correspondence address

Student's permanent home address

Other address

Study Abroad or Exchange Office listed above in care of:

Given name Family name

Indicate where academic transcripts should be sent (if different from above)

Given name Family name

Position

Address

For Office Use Only

Evidence of Name

Other

Evidence of Date of Birth

Evidence of Citizenship/Residency

Admission to University

Course

Checked by

Original Documents Returned: Type: Date: Signed:



PLEASE RETURN THIS FORM AND SUPPORTING DOCUMENTS TO:

AA Education Network
26 Kooringa Avenue, Cleveland
QLD 4163
Telephone: +61 7 3488 2916
Email: info@aa-education.com
Web: www.aa-education.com

