



International application for admission

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate. All applicants need to provide evidence of their legal name, date of birth, residency status or citizenship. At this stage, feel free to scan and attach copies of these – if we need anything further, we'll be in touch.

Local representative information

Are you a Recruitment Agent? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Agent name
Agent URN	

Personal details *Denotes mandatory field – do not leave blank

Names	First*	Second	Family*
Preferred names	First	Second	Family
Previous names	First	Second	Family
Gender* Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)	Why no 'gender diverse' option? This gender data is required by the Ministry of Education, which currently recognises only male and female. We are committed to providing a safe and inclusive environment for LGBTQI and gender diverse students .		
Date of birth* (dd/mm/yyyy)			
Do you live with the long term effects of disability or injury?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	This information has no bearing on your application and is only used to improve our services to students. For information see our Disability Support Services webpage.		

Other details *Denotes mandatory field – do not leave blank

Residency status*	Country of citizenship*
Ethnicity*	Is English your first language?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
If English is not your first language, what is your first language?*	
Will you be living in New Zealand for the period of your study?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
National Student Number (NSN) (if applicable)	

Contact details *Denotes mandatory field – do not leave blank

Email*		
Home telephone number (including country code)	Mobile telephone number (including country code)	
Postal address*		
City/Town*	Postcode	Country*

Emergency contact details *Denotes mandatory field – do not leave blank

Emergency contact name*	Relationship to you*	
Can they speak English?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	If No, what is their main language?	
Home telephone number* (including country code)	Work telephone number* (including country code)	
Mobile telephone number* (including country code)		
Residential address*		
City/Town*	Postcode	Country*

Education *Denotes mandatory field – do not leave blank. This information has no bearing on your application. The Ministry of Education requires us to collect this information.

Are you currently at secondary school?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
Last secondary school attended*	Last year at school*
What is the highest secondary level qualification you have completed?*	
Have you previously studied at tertiary level (other than at Waikato University)?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
What did you study?* (please attach copies of transcripts)	
When did you complete this study?* (dd/mm/yyyy)	

Course selection *Courses will be delivered by Study Group NZ Limited on behalf of the University of Waikato.

Please select your course and when you would like to start.

Certificate of Attainment in Foundation Studies (CAFS)* Standard <input type="checkbox"/> Accelerated <input type="checkbox"/> If selected, please choose when you would like to start below.					
February (Semester A)		26 Feb 2018 <input type="checkbox"/>	25 Feb 2019 <input type="checkbox"/>	July (Semester B)	09 Jul 2018 <input type="checkbox"/> 08 Jul 2019 <input type="checkbox"/>
November (Semester C – Summer School)		05 Nov 2018 <input type="checkbox"/>	04 Nov 2019 <input type="checkbox"/>		

Certificate of Attainment in English Language (CAEL)* <input type="checkbox"/> If selected, please choose when you would like to start below.					
February		12 Feb 2018 <input type="checkbox"/>	11 Feb 2019 <input type="checkbox"/>	May	21 May 2018 <input type="checkbox"/> 13 May 2019 <input type="checkbox"/>
August		13 Aug 2018 <input type="checkbox"/>	12 Aug 2019 <input type="checkbox"/>	November	05 Nov 2018 <input type="checkbox"/> 04 Nov 2019 <input type="checkbox"/>

Certificate of Attainment in Academic English (CAAE)* <input type="checkbox"/> If selected, please choose when you would like to start below.					
February		12 Feb 2018 <input type="checkbox"/>	11 Feb 2019 <input type="checkbox"/>	May (Intensive)	07 May 2018 <input type="checkbox"/> 06 May 2019 <input type="checkbox"/>
May (Standard)		21 May 2018 <input type="checkbox"/>	13 May 2019 <input type="checkbox"/>	August	13 Aug 2018 <input type="checkbox"/> 12 Aug 2019 <input type="checkbox"/>
November		05 Nov 2018 <input type="checkbox"/>	04 Nov 2019 <input type="checkbox"/>		

General English Language Programme (GE) <input type="checkbox"/> If selected, please choose when you would like to start below.											
January	February	March	April	May	June	July	August	September	October	November	December
2018 <input type="checkbox"/>	2018 <input type="checkbox"/>	2018 <input type="checkbox"/>	2018 <input type="checkbox"/>	2018 <input type="checkbox"/>	2018 <input type="checkbox"/>	2018 <input type="checkbox"/>	–	2018 <input type="checkbox"/>	2018 <input type="checkbox"/>	2018 <input type="checkbox"/>	2018 <input type="checkbox"/>
2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>	2019 <input type="checkbox"/>

Package program offer

Undergraduate offer

Do you wish to receive a conditional undergraduate Letter of Offer from The University of Waikato? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(please tick)</small>											
Will you apply for a visa to cover the undergraduate program? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(please tick)</small>											
The Undergraduate course I would like to study at The University of Waikato is: <small>(in order of preference)</small>											
Preference 1						Major					
Preference 2						Major					
Preference 3						Major					

Disability

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(please tick)</small> If Yes, please indicate the area/s of impairment:											
Acquired brain impairment <input type="checkbox"/>	Hearing/Deaf <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Learning <input type="checkbox"/>	Physical <input type="checkbox"/>	Medical condition <input type="checkbox"/>	Mental illness <input type="checkbox"/>	Mobility <input type="checkbox"/>	Vision <input type="checkbox"/>			
If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(please tick)</small>											

Medical insurance details (if applicable)

Do you currently hold a medical insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(please tick)</small> If Yes, please provide details below.											
Name of medical insurance provider											
Medical insurance membership number						Medical insurance expiry date <small>(dd/mm/yyyy)</small>					

For your convenience, medical insurance will be included automatically on your invoice unless you provide us with details of your alternative policy.

Declaration and signature (This application must be signed; otherwise it will not be accepted)

By ticking this box I confirm the following:

I declare that the information I have provided in this application and in any attached documentation is true and correct and that I have not withheld any information which could have a bearing on my enrolment or the conditions of my enrolment. I agree to supply any further documentation requested by the University of Waikato for the purpose of my enrolment.

I have read the statement regarding the Privacy Act 1993 and I understand that the University of Waikato will hold, use and disclose information which I have provided as explained in that statement.

I also understand that I have the right to have access to this information about me held by the University of Waikato and to request correction of that information, in the terms provided for under the Privacy Act 1993.

Some personal information will be used by the Ministry of Education in an authorised information matching programme for the purposes of the National Student Index. For further information visit: <http://sitecore.waikato.uk.studygroup.com/privacy-policy>

Name <small>(Student or Parent/Legal Guardian)</small>						Date <small>(dd/mm/yyyy)</small>					
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*If applicant is under the age of 18.

Send your application to: Admissions Centre
E: pathwaysadmissions@waikato.ac.nz