APPLICATION FORM 2010

for International Students



I. PERSONAL DETAILS	Ethnic Origin(s) (This information is used for New Zealand Ministry of Education statistical
Enter your full name in this section as shown on your passport or birth certificate. You should attach an original or witnessed copy of your birth	purposes or University purposes only) Please indicate the group(s) with which you identify.
certificate or a witnessed copy of the personal details page from your	(Tick one or more circles)
passport.	121. British/Irish
Student Number (Office use only)	122. Dutch
	123. Greek
Title (Tick one) Mr Miss Ms Mrs Dr	124. Polish
Other (please specify)	
	125. South Slav
Family Name	126. Italian
	127. German
	128. Australian
Given Name(s)	129. Other European (please specify)
	311. Samoan
Preferred Given Name	331. Tongan
Preferred Given Name	361. Fijian
	371. Other Pacific Peoples (please specify)
Previous Name(s)	
Original or witnessed evidence of name change must be attached.	411. Filipino
	412. Cambodian
Does of Disth	413. Vietnamese
Date of Birth	414. Other Southeast Asian (please specify)
Day Month Year	
	421. Chinese
Gender	431. Indian
Male Female	441. Sri Lankan
	442. Japanese
New Zealand National Student Number (NSN)	443. Korean
If you have a NSN or NZQA number, please write it here.	
	444. Other Asian (please specify)
	511. Middle Eastern
Nationality (List countries where you hold Citizenship/Residence) Citizenship	
Citizerisi iip	521. Latin American
D. I. W	531. African
Residence Visa	611. Other (please specify)
Study Location	If you identify with more than one ethnic group, please list in order of your preference (e.g. 127, 121).
Will you be resident in New Zealand for the duration of your study?	order or your preference (e.g. 127, 121).
Yes No	

Disabilities (The completion of this se		State/Province	
	isability or long-term medical condition?	Postcode/zipcode	
Yes No		rosicode/zipcode	
If yes, how would you describe condition? Please tick one or n	e your impairment, disability or medical nore of the following:	Country	
O I. Deaf	7. Head injury	Telephone	()
2. Hearing	8. Mental Health	Facsimile	
3. Blind	9. Mobility		
4. Vision	0. Speech	Permanent home ac	ddress valid from
5. Specific learning	II. Temporary impairment		to (
6. Medical	12. Other (please specify)	Day Month	Year Day Month Year
		Correspondence Ac	ddress (If different from Permanent Home Address. This is the primary
		address the University will us	
Does your impairment, disabili	ty or medical condition affect your study?	Address	
Yes No			
Emergency Contact Person (Next of Kin)		
Name		State/Province	
Relationship		Postcode/zipcode	
F 1 11		Country	
Email address		Courtary	
Telephone ()	Telephone	()
	·		
Country of Residence		Mobile Telephone	
Permanent Home Address		Facsimile	()
Email Address		C	donor collid for an
		Correspondence ad	dress valid from
Mobile Telephone ()	Day Month	Year Day Month Year
Address		Preferred Method o	of Contact (Please indicate how you would like the University to
			t matters. Tick one circle only.)
		Email F	Post
2 APPOINTMENT OF	ACENIT		
	AGENT (to be completed by the applicant)		v
	Otago authorised agent to handle your app y of Otago to release personal information	_	Yes No
in yes, i additionise the Onliversity	y or otago to release personal information	to the following agent:	
3. PROPOSED STUDY	udv in:		
I plan to begin coursework st	uuy ift:		
Semester I (Feb - June _	Semester 2 (July - No	v)	Summer School (Jan - Feb)
Thesis Commencement Date			
	only programme, please supply the approx	imate date on which vo	ou expect to begin your thesis research:
, 50 a. 6 appiying for a tricsis-	, programme, preade supply the approx		2. Factor and the state of the

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Figure 1. Section 1. Section 2. Section 3. S	1.			
If you should happen you with to take in 2010 please enter them below. To complete this section, you will need to refer to the Saude to Dendment 2010 or the University's website, www.orage.ac.nd/subjects Paper Code Teaching Period Paper Name Statistical Methods Statistical Methods Statistical Methods A. ENGLISH LANGUAGE COMPETENCE (ou will be required to provide evidence of your English language proficiency if English is not your first language. It is finglish the language that you and your family speak at home? Yes No Please attach evidence of your English proficiency Personame Fesult If you are yet to take a test please indicate when results will be available: S. SECONDARY SCHOOL/HIGH SCHOOL/FOUNDATION STUDIES Please atmach school where you are at present, or were last enrolled. Country Leat year enrolled What is the highest level of achievement you hold from a secondary/high school? Your highest achievement may be a New Zealand award such as NCEA level 2, or you may have achieved an overseas qualification? Yes No Please specify: Ver you completing the final year of a secondary/high school or foundation qualification? Yes No Fyes, please indicate when the results will be available: S. DISTANCE STUDY Ver you completing the final year of a secondary/high school or foundation qualification? Yes No Fyes, please indicate when the results will be available: S. DISTANCE STUDY Ver you completing the final year of a secondary/high school or foundation qualification? Yes No Fyes, please indicate when the results will be available: S. DISTANCE STUDY Ver you completing the final year of a secondary/high school or foundation qualification? Yes No Fyes please indicate where you will be attending audioconferencing sessions: J. Audioconference Venue If applicable, please indicate where you will be attending audioconferencing sessions:	2.			
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Paper Code Teaching Period Statistical Methods S	f you know which pap	oers you wish to take in	n 2010 please enter them belo	ow.To complete this section, you will need to refer to the
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Statistical Methods Statistic	Paper Code	Teaching Period	Paper Name	
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Please specify qualification:		Year gained:	
On the basis of a qualification gained in New Zealand			
NCEA Level 3: please specify year(s)			
Bursaries examinations: please specify year(s)			
Foundation Studies: please specify institution			
Other: please specify			Year gained
Other, please specify			Year gained
3. PRIOR ACTIVITY (this information is collected for statistical purposes or	nly)		
Were you or will you be resident outside New Zealand at 1 October 2009?			
Yes No			
f no, please indicate your main activity or occupation at 1 October 2009.			
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	CE Complete this section only if you are applying for direct entry to a research/thesis programme. a research/thesis only programme? Yes No
Yes, please provide a curriculum vit	tae or personal statement which covers A to D of this section. If No, please go to section 12.
A. Research Proposal Please prov	vide a research proposal including tentative thesis title (please attach a typed proposal).
Have you corresponded with	rch proposal with the relevant academic department at Otago before submitting this application. an academic staff member about your proposal?
If yes, please provide name: B. Publications Please list any pub.	olications including titles of theses submitted.
,	olications including titles of theses submitted.

12. 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 the 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

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 accepted. However, a form with an original signature of the applicant must be airmailed or couriered to the International Office as early as possible.

CHECKLIST FOR STUDENTS Have you included or completed the following?	
ACADEMIC DOCUMENTATION	
High School or Foundation Studies	
Original or witnessed copies of your High School or Foundation Study results*	
or Forecast or preliminary results on the official letterhead of your school	
Previous Tertiary Studies	
Original or witnessed copies of all previous tertiary study results*	
Research Proposal	
Curriculum vitae for research study	
EDUCATION CREDENTIALS EVALUATION (ECE)	
My qualifications are from a country requiring ECE evaluation. I have sent my records to ECE for a course-by-course evaluation Please refer to www.otago.ac.nz/international for further information.	
ENGLISH DOCUMENTATION	
Original copy of English language results	
CITIZENSHIP STATUS	
Passport details	
Birth certificate	
The University requires documentary evidence of your citizenship and the correct form of your name. This can be provided by supplying:	
a) a witnessed copy of the front page of your passport showing personal details including name and date of birth; orb) an original or witnessed copy of your birth certificate.	
Documents must be in English or be accompanied by a certified English translation.	
Note: Your application form cannot be processed without evidence of your name and citizenship status.	
*PLEASE NOTE Please attach witnessed (certified/notarised) copies of all academic transcripts and award certificates, including results of studies currently being undertaken. A key/guide to the grading system must also be included. Documents not in English must be accompanied by witnessed English language translations.	S.
Witnessed copies must:	
be stamped with an official seal or stamp;	
2) bear the printed name, signature and position of the person certifying the copy; and	
3) have the date when the copy was certified.	
Documents may be witnessed by a Justice of the Peace, Notary Public, Court Official or Solicitor.	
Please do not supply your application and documentation in bound form or in folders.	
PLEASE RETURN THIS FORM WITH ORIGINAL SIGNATURE TO: Mailing Address International Office, University of Otago PO Box 56, Dunedin 9054, New Zealand Tel 64 3 479 8344, Fax 64 3 479 8367 Email international.admissions@otago.ac.nz Website www.otago.ac.nz/international Marienstrasse 19/20, D-10117 Berlin Tel. +49 (0)30-20458687 www.ieconline.de	
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:	