



Application for Admission and Provisional Enrolment (International Students)

UCOL is a polytechnic under the Education Act.

Please print in pen. If you need assistance or further information, please telephone us on:

0064 6 952 7000

or visit our website at:

www.ucol.ac.nz

Welcome to UCOL! Thank you for choosing to study with us. Please complete this form and return it to us as soon as possible.

Have you previously applied or enrolled at UCOL, Wanganui Regional Community Polytechnic or Masterton Community Polytechnic? Yes No If "Yes", Student ID No: _____

If you have previously studied at UCOL, Wanganui Regional Community Polytechnic or Masterton Community Polytechnic under a different name to the one you currently use, please write it in the space provided: (See Part B of the Enrolment Guide)

STOP READ THIS

- Before completing this form, please read the UCOL enrolment information for International Students for important information regarding your enrolment at UCOL. Please ensure that you have read and understood UCOL's Refund Policy for International Students and the UCOL Change of Details/Circumstances information, included in the International Prospectus and Enrolment Guide. There are further terms and conditions included in this application form, please ensure you have read and understood them.
- Please note that different fees apply to International Students than to Domestic Students. To ensure that you have the current information required to calculate the total tuition fees payable to us please read the current UCOL International Student Prospectus/Enrolment Guide. The fees quoted are indicative only and may change depending on course(s)/papers(s) selected. For further information, please contact the UCOL Information Centre.
- Before UCOL confirms your enrolment, UCOL must sight your passport containing evidence that you have the appropriate permit/visa to study at UCOL and insurances.
- Before sending UCOL this form, please read the checklist on the last page.

Section 1: My Personal Details

Title

Mr Mrs Miss Ms Other - If "other" please enter details: _____

Legal Family name

Legal First name(s)

Date of birth

DAY MONTH YEAR

Gender

Male Female

Contact Address

Home telephone number

()
AREA CODE

Work telephone number

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AREA CODE

Mobile number

()
AREA CODE

Fax number

()
AREA CODE

Email address

IRD Number (if any)

NZQA number (if any) – Please see Part B of Enrolment Guide:

Next of kin/emergency contact name:

Next of kin/emergency contact telephone number:

Next of kin/emergency contact address:

Section 2: Qualification/Courses

I wish to study the following qualification(s) (see International Student Prospectus)

QUALIFICATION NAME

Use the space below where the qualification you have chosen to study does not have set courses, or you are studying individual courses within a qualification, or studying part time. If you need more space an elective sheet may be obtained from our Information Centre.

COURSE NAME(S)

Is your study full time or part time?

Full time Part time Semester 1 2 Or Start Date (if known) DAY MONTH YEAR

Which campus will you be studying at? (Please note: Some courses/qualifications are offered by UCOL at more than one campus)

Palmerston North Masterton Whanganui Other (Please specify) _____

Elective Sheets

If we have sent you an elective sheet for your chosen qualification, please complete and return with this form. If you require an elective sheet but have not received one, you may request one from the UCOL Information Centre.

UCOL Palmerston North

Cnr Princess & King Streets

Private Bag 11022, Palmerston North

Email: internationalstudent@ucol.ac.nz

Whanganui UCOL

16 Rutland St

Private Bag 3020, Wanganui

UCOL Masterton

143-159 Chapel Street

PO Box 698, Masterton

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Section 3: My Educational History and Other Details

Name of last secondary school attended

Country

Year that you last attended secondary school 19 20

* Proof required - see checklist on final page.

Highest level of achievement at secondary school* (Tick box)

- | | |
|---|---|
| <input type="checkbox"/> No formal secondary qualification | <input type="checkbox"/> University Entrance |
| <input type="checkbox"/> 14 or more credits at any level | <input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship |
| <input type="checkbox"/> NCEA Level 1 or School Certificate | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> NCEA Level 2 or Sixth Form Certificate | <input type="checkbox"/> Other - specify |
| <input type="checkbox"/> Overseas qualification
(includes International Baccalaureate and Cambridge Exams) | |

Is this your first year of tertiary study?

Yes No Year:

LEVEL OF ENGLISH

Have you completed an IELTS or TOEFL test? Yes No If "Yes", please complete the details below

IELTS score Listening Reading Writing

Speaking Overall

Date of the test DAY MONTH YEAR Please attach the original of your test results.**TOEFL score** Paper based + TWE Computer based Date of the test DAY MONTH YEAR Please attach the original of your test results.**PRIOR ACTIVITY** - as at 1 October prior to the date on which your course commences (select one)

- | | |
|---|---|
| <input type="checkbox"/> Secondary school student [†] | <input type="checkbox"/> College of Education student |
| <input type="checkbox"/> Non-employed or beneficiary (excluding retired) [†] | <input type="checkbox"/> House person or retired [†] |
| <input type="checkbox"/> Wage or salary worker [†] | <input type="checkbox"/> Wananga student |
| <input type="checkbox"/> Self-employed [†] | <input type="checkbox"/> Private Training Establishment student |
| <input type="checkbox"/> University student | <input type="checkbox"/> Overseas [†] - specify: |
| <input type="checkbox"/> Polytechnic/Institute of Technology student | <input type="checkbox"/> Other - specify: |

ETHNICITY (Please do not tick more than three boxes)

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> British/Irish | <input type="checkbox"/> South Slav | <input type="checkbox"/> Other Asian | <input type="checkbox"/> African |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Dutch | <input type="checkbox"/> Other European | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> German | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Greek | <input type="checkbox"/> Indian | <input type="checkbox"/> Korean | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Other Pacific people | <input type="checkbox"/> Polish | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Other Southeast Asian | |

FEE/ASSISTANCE STATUS (See Part B of the Enrolment Guide). Please indicate your particular circumstances by ticking the appropriate box:

- | |
|---|
| <input type="checkbox"/> Ministry of Foreign Affairs & Trade (MFAT) Scholarship, including Aotearoa, short-term training & postgraduate |
| <input type="checkbox"/> Full-fee paying foreign student (excluding Foreign research-based post-graduate) |
| <input type="checkbox"/> Exchange scheme (approved by Ministry of Education) |
| <input type="checkbox"/> Foreign research-based post-graduate |
| <input type="checkbox"/> Military Personnel, diplomatic staff or family, or persons associated with Operation Deep Freeze |

WORK HISTORY - Please outline in writing and attach to this form.

DISABILITY

Do you live with the effects of significant injury, a long-term illness or any disability? Yes No

If you tick "Yes" please complete the Disability Details sheet on the last page of this form and you will be sent information on services available to students with a disability.

IELTS International English Language Testing System**TOEFL** Test of English as a Foreign Language[†] If this is your first year of tertiary study you must select one of these categories.

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Section 4: Accommodation

Please tick your preferred accommodation option:

Homestay (*longer than one month*)

Homestay accommodation is available in both Palmerston North and Wanganui. Please answer the questions in the box below so that we can match you with the most appropriate homestay family.

1. Do you smoke? Yes No

2. Do you suffer from any allergies? (For example food, animals, other?) Yes No

If yes, please specify

3. Do you have any medical conditions? Yes No

If yes, please specify

4. Do you have any special dietary requirements? (Halal, vegetarian or food allergies?) Yes No

If yes, please specify

5. Do you want to stay with a specific cultural, ethnic or religious background family? Yes No

If yes, please specify preference

6. Would you prefer to live in a home with: Young Children Older Children No Children

7. Most New Zealand families have domestic pets which mostly live outside.
Would you consider staying with a family who had a pet? Yes No

Student Flats

Student flats are available in Wanganui only. You have your own room with shared facilities. You do your own laundry and meals. Please refer to the UCOL website www.ucol.ac.nz for details.

I do not want accommodation booked for me. I will make my own arrangements. Please remember if you arrange your own accommodation you must keep us informed of where you are living.

You must advise us of your arrival details at least two weeks prior to your departure date.

Section 5: Agent Details

Are you using someone who you think is a UCOL agent to assist you? Yes No

If yes, please insert the agent's name, company name and contact details.

Company Name

Address

AGENT STAMP

Section 6: Fees

I agree to pay UCOL the relevant tuition fees and all other costs set by UCOL for the course(s) I have chosen (and where applicable the Student Association fees), if UCOL confirms my enrolment in writing.

I agree to pay to UCOL in full the relevant tuition fees, all other costs set by UCOL (if any) and Student Association fees (where applicable) for the course(s) I have chosen no later than the first date teaching starts for my qualification. If I am permitted by UCOL to commence study after the first date teaching starts for my course(s)/qualification(s), then I agree to pay to UCOL in full the relevant tuition fees, all other costs set by UCOL (if any) and Student Association fees (where applicable) no later than the date that UCOL has advised me in writing that I must start.

I understand that, if I accept UCOL's offer of place and I do not attend the course(s) I am enrolled in, I am still liable to UCOL for payment of my fees in full if I do not withdraw from my course(s)/qualification(s) in the manner required by UCOL and within UCOL's refund period for International Students.

- Please refer to the International Student Prospectus for the relevant tuition fees payable.
- **Please note:** You must only pay UCOL tuition fees to UCOL directly (and not to any other person or organisation).
- If an organisation is paying your fees, please provide a letter in English with this form from an authorised person at that organisation, stating that it will be paying your fees.
- If for any reason that organisation does not pay your fees, then you must pay the fees yourself. Those fees, all other costs set by UCOL (if any) and where applicable Student Association fees, must be received by UCOL before you start at UCOL.
- Anyone can pay your fees on your behalf (such as your employer) but if they fail to do so then you must pay.

Section 8: My Acknowledgement and Declaration

1. In completing and returning this form, I am applying and provisionally enrolling at UCOL, and if UCOL confirms my enrolment in writing, I agree to pay to UCOL in full the relevant tuition fees, all other costs set by UCOL (if any) and (where applicable) Student Association fees before the first day I attend UCOL.
2. (i) I undertake to comply with all UCOL's statutes, policies and procedures (including all amendments and new statutes, policies and procedures introduced after the date of this Application for Admission and Provisional Enrolment form).
 - (ii) I acknowledge that in applying for admission and enrolment I have not relied on UCOL's (and/or UCOL's agents or contractors) judgement that course(s) and/or qualification(s) are suitable for any particular purpose or will achieve any particular result.
 - (iii) In applying for admission and enrolment I acknowledge that, apart from the statements and warranties expressly given to me in writing by UCOL and not any agent, all other statements and warranties (express or implied) are excluded.
 - (iv) I have received full written details of all fees, and any items that are or may be required by UCOL to be purchased or provided by me, for the course(s) I have chosen.
 - (v) I understand that the terms and conditions of this form as well as the terms and conditions within the International Student Prospectus/Enrolment guide form part of my contract with UCOL. I have read the International Prospectus/Enrolment Guide. I understand and accept it.
 - (vi) If I have applied and provisionally enrolled in a course where UCOL requires me to supply further information (e.g. health, police check etc.), I agree to promptly supply that information. I understand that my enrolment on that course is conditional on UCOL being satisfied with the content of the information I supply.
 - (vii) If this is the first time I have enrolled at UCOL, I have attached (or agree to promptly send) a certified copy of my passport.
 - (viii) I have attached (or agree to promptly send) proof of my highest level of achievement at secondary school and previous/current study (if any).
 - (ix) I agree to provide UCOL with evidence of an appropriate permit/visa and medical insurance for the duration of my course(s) and/or qualification at UCOL. I acknowledge that, if at any time during my enrolment at UCOL, I do not have a valid permit/visa or medical insurance then my enrolment at UCOL is at an end.
 - (x) I understand that I must notify UCOL immediately if any of my contact details change, including my residential address.
 - (xi) I acknowledge that I have received a copy of the Summary of the Code of Practice for the Pastoral Care of International Students.
 - (xii) Where I am transferring to UCOL from another education provider in NZ I consent to UCOL obtaining all information concerning me from that provider.
3. I have read and understood the Privacy Act provisions.
4. I agree that if UCOL confirms my enrolment in writing, I may only withdraw if UCOL's Information Centre or Student Registry Services receives a Change of Details/Circumstances form duly completed and signed by me within the timeframes stipulated in the policies available in the International prospectus.
5. Acknowledgement of Receipt: You acknowledge you have received, current and complete information concerning:
 - (i) All tuition fees and course costs associated with your nominated papers/courses of study;
 - (ii) UCOL's application requirements and procedures and conditions of acceptance: and
 - (iii) Refund conditions;
 - (iv) English language proficiency requirements;
 - (v) UCOL's staffing, facilities and equipment;
 - (vi) The course(s)/qualification(s) UCOL offers.
 - (vii) Medical and travel insurance requirements;
 - (viii) Types of accommodation available in New Zealand;
 - (ix) A summary of the Code of Practice for the Pastoral Care of International Students.

Declaration

I declare that, to the best of my knowledge, all the information I have provided on this form is true and complete.

Signature

Date

DAY	MONTH	YEAR
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Guardian's Signature if under 18 years at the date of signing this Application.

Date

DAY	MONTH	YEAR
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Checklist

- My Application for Admission and Provisional Enrolment is fully completed, dated and signed by me.
- I have read and understood the Prospectus/Enrolment Guide for International Students.
- If I am a first-time student at UCOL, I have attached (or will supply) proof of my age and identity, in the form of a certified¹ copy of my current passport.
- I have attached (or will supply) proof of my highest level of achievement at secondary school.
- I have attached certified copies of all certificates I have been awarded in respect of English courses I have successfully completed where English is my second language, e.g. IELTS or TOEFL.
- I have attached evidence of having obtained compulsory medical and travel insurance at the time of enrolment.
- I have attached (or will supply) a certified copy of my passport with a current student visa or permit to study with UCOL (if you are applying to provisionally enrol in a course(s)/qualification(s) of more than 12 weeks);
- I have attached (or will supply) a certified copy of my passport with a work visa or permit with a variation to allow for the course(s)/qualification(s) you select (if you have a practical component in your study programme); or
- I have attached (or will supply) a certified copy of my passport with a visitors permit (if you are applying to provisionally enrol in a course/qualification of 12 weeks or less);

Please complete, sign and return with your Application for Admission and Provisional Enrolment form the Medical Authority sheet below, authorising the release of medical information about you to the persons named on the form in the event of an emergency and/or if you are unable to give consent.

In signing the Application for Admission and Provisional Enrolment form you agree to give UCOL whatever other information it requires for:

- (a) Deciding on whether or not to confirm your enrolment.
- (b) Reporting purposes.

Please make sure, before you return your Application for Admission and Provisional Enrolment form to UCOL, that you are aware of:

The fees payable for the course(s)/qualification(s) you are applying to provisionally enrol in; and

That you have obtained from UCOL current details on what books, course material, equipment, safety clothing and other items you may have to provide to undertake the course of study you are applying to provisionally enrol in.

Variation of Fees

If you apply to provisionally enrol in a qualification that takes more than one academic year to complete, your fees in the second and each subsequent year will not be known when you first enrol. The fees payable for the subsequent year will be known before you enrol for each successive year. The tuition fee is set by UCOL Council and if you re-enrol you agree to pay the fee so set.

¹ A certified copy is a photocopy of the original document, which is signed by a Solicitor, Justice of the Peace, Notary Public or authorised UCOL person as being a true copy of the original document.

1. Disability Details

1. Please indicate your disability by ticking all relevant boxes:

- | | | |
|--|---|---|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Specific learning disability |
| <input type="checkbox"/> Medical (e.g. Chronic pain; epilepsy; neurological) | <input type="checkbox"/> Psychological/psychiatric disability | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Blind | <input type="checkbox"/> Vision impaired |
| <input type="checkbox"/> Temporary impairment (including temporary impairment or injury that is expected to last less than six months) | | |
| <input type="checkbox"/> Other (please state): <input style="width: 400px;" type="text"/> | | |

2. The following questions must be ticked "Yes" if you require assistance. The purpose of these questions is to help UCOL determine what assistance (if any) UCOL can reasonably provide in the circumstances.

- | | | |
|--|------------------------------|-----------------------------|
| (a) In the event of an emergency would you need help to evacuate the building? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Do you need additional resources to assist with your studies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. Medical Authority Form

TO: All Medical Practitioners, All Registered Nurses and All District Health Boards

In the event of accident or ill health, I, (Student) hereby authorise the full use and disclosure of all information related to my health between all medical practitioners, all registered nurses, all District Health Boards and UCOL (and each of them).

I authorise the disclosure of all relevant health information obtained by every medical practitioner and every registered nurse who treats me, to UCOL and to my next of kin or emergency contact person (and each of them).

I authorise medical treatment in life threatening situations, should my next of kin or emergency contact person be unavailable or unable to give consent.

I authorise UCOL to use and disclose all information obtained by UCOL pertaining to my health as UCOL determines appropriate.

Signed

Date

DAY	MONTH	YEAR
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Witnessed