



registration form

FOR STUDY ABROAD OR EXCHANGE 2005-2006

1. Personal Details

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

Title

Mr Miss Ms Mrs Dr Other _____

Family Name

Given Names

Preferred Given Name

Previous Name(s)

Date of Birth

____ day / ____ month / ____ year

Gender

Male Female

Nationality (List countries where you hold Citizenship/Residence)

Citizenship _____

Permanent Residency _____

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

Please indicate the group of group(s) with which you identify

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> European (1) | <input type="checkbox"/> Fijian (10) |
| <input type="checkbox"/> Samoan (3) | <input type="checkbox"/> Other Pacific Island (11) <input type="text"/> |
| <input type="checkbox"/> Tongan (5) | <input type="checkbox"/> Other Asian (12) <input type="text"/> |
| <input type="checkbox"/> Chinese (8) | <input type="checkbox"/> Other (please specify) (13) <input type="text"/> |
| <input type="checkbox"/> Indian (9) | |

If you identify with more than one ethnic group, please list in order of your preference

Disabilities (The completion of this section is not compulsory; the information collected is used for statistical purposes)

Do you have an impairment, disability or long term medical condition? No Yes

If yes, does your impairment, disability or medical condition affect your study? No 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"/> 5. Specific learning | <input type="checkbox"/> 9. Mobility |
| <input type="checkbox"/> 2. Hearing | <input type="checkbox"/> 6. Medical | <input type="checkbox"/> 10. Speech |
| <input type="checkbox"/> 3. Blind | <input type="checkbox"/> 7. Head injury | <input type="checkbox"/> 11. Temporary impairment |
| <input type="checkbox"/> 4. Vision | <input type="checkbox"/> 8. Mental health | <input type="checkbox"/> 12. Other (please specify) |

3. 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 Coordinator from your college/university complete Section 8 - 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 8 - 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 directly to the University of Otago

4. English Language Proficiency

Please indicate if English is your first language

- Yes No

If English is not your first language you will be required to produce evidence of your English language proficiency.

Have you attached evidence of your English proficiency?

- If yes, give test name _____ Result _____
- If no, indicate when results will be available: _____ day / _____ month / _____ year

5. Pre-University Study

Secondary/High School Qualifications

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

School _____
Country _____ Last year enrolled _____

6. Previous University Study

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

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 *(at ANY university)*

2004 will be my year of university study (including overseas).

7. Declaration and Signature

The information on this form is supplied by me on the understanding:

- (a) that it may be used for purposes relating to my enrolment as a student by members of the academic and administrative staff of the University of Otago (or for any other tertiary institution in New Zealand to which I may transfer);
- (b) that it may be used for purposes external to the University, when it is in statistical form or when it is not to my disadvantage for this to be done, and also where disclosure is required to comply with the provisions of the Privacy Act 1993;
- (c) that I have the right to see and correct if necessary the information I have provided;
- (d) that my application cannot proceed without my consent to the foregoing conditions.

I declare that all the information submitted on this application form and in the attached documents is correct and complete. I authorise the University 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.

Applicant's Signature _____

Date ____ / ____ / ____

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; and
- 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

PLEASE RETURN THIS FORM AND SUPPORTING DOCUMENTS TO:



MAILING ADDRESS

International Office
University of Otago
PO Box 56
Dunedin
New Zealand
Tel 64 3 479 8344
Fax 64 3 479 8367
Email
international.admissions@otago.ac.nz
Website www.otago.ac.nz

COURIER ADDRESS

International Office
Clocktower Building
University of Otago
Leith Street
Dunedin
New Zealand

8. Nomination for Study Abroad or Exchange

This section must be completed by the Study Abroad Adviser or Exchange Administrator from the institution coordinating the application process to the University of Otago.
(Only for student categories A and B listed in Section 3 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

First name _____ Surname _____

Position _____

Address _____

Telephone _____ Fax _____ Email _____

Signature _____

Indicate where notification of acceptance should be sent

Student's current address

Student's permanent address

Other address _____

Study Abroad or Exchange Office listed above in care of:

First Name

Surname

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

First name _____ Surname _____

Position _____

Address _____

For Office Use Only

Original Documents Returned: Type: Date: Signed:

Evidence of Name

Other

Evidence of Date of Birth

Evidence of Residency/Citizenship

Admission to University

Admission to Course

Evidence complete

Admission application received and paid Yes No

Checked by

Letter to be sent Yes No