

1 PERSONAL INFORMATION

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

National Student Number (NSN)

First Name(s)

Surname

Gender

Male Female Gender Diverse - Please Specify (optional):

Date of Birth

DAY MONTH YEAR

Contact Address

Home Telephone Number

Mobile Number

Email Address

Residency Status

International New Zealand Permanent Resident New Zealand Citizen Australian Citizen

Country of Citizenship

Ethnicity

Iwi (if you identified as a Māori)

Site

Manawatū Whanganui Horowhenua Wairarapa

Programme

Course Dates

2 BILLING INFORMATION

Is an organisation paying your fees? Yes (If the answer is "YES", please fill out organisation details below.)
 No (If the answer is "NO", please go to section 3.)

Company Name

Contact Person

Billing Address

3 ACKNOWLEDGEMENT, DECLARATION, AND PRIVACY STATEMENT

I undertake to comply with all UCOL's statutes, policies and procedures. (These are available through the UCOL website www.ucol.ac.nz).

UCOL collects and stores the above information about you. In signing this application, you authorise the collection and holding of this information. Under the Privacy Act 2020, you may ask UCOL to provide you with copies of the information it holds about you. If you disagree with any such information, you may ask to have it corrected.

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

Send to:

Student Registry

Universal College of Learning

Private Bag 11022, Palmerston North 4442

Phone (06) 952-7000 Email enquiry@ucol.ac.nz