

Enrolment Form 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: **+64 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?

No Yes - please provide 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:

1 MY PERSONAL DETAILS

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

Legal Family name

Legal First name(s)

Date of birth

Gender

Nationality (as shown on Student Passport)

DAY MONTH YEAR

Male Female

Current Address

ADDRESS 1

ADDRESS 2

TOWN OR CITY

STATE

COUNTRY

POSTCODE

Home telephone number

Mobile number

(AREA CODE)

(AREA CODE)

Email address

Next of kin/emergency contact name:

Next of kin/emergency contact address:

Relationship to you:

Next of kin/emergency contact telephone number

(AREA CODE)

(AREA CODE)

2 QUALIFICATION/PAPERS

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

QUALIFICATION NAME

Use the space below where the qualification you have chosen to study does not have set papers, or you are studying individual papers within a qualification, or studying part time. If you need more space ask UCOL for an elective sheet.

PAPER NAME(S)

Identify your programme preferred start date as listed on the UCOL website or International Prospectus

DAY MONTH YEAR

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

Palmerston North Masterton Whanganui

Are you CURRENTLY awaiting results of any studies undertaken this year?

No Yes - please provide details: DEGREE/QUALIFICATION INSTITUTION AND COUNTRY DATE RESULTS AVAILABLE

Elective Sheets

If you require an elective sheet but have not received one you may request one from internationalstudent@ucol.ac.nz

3 IMMIGRATION REQUIREMENTS

What is your intended career?

Do you think your qualification will help you in your career? Yes No

4 MY EDUCATIONAL HISTORY AND OTHER DETAILS

SECONDARY SCHOOL RECORD

Name of the last secondary school you attended

City State/Province Country

What is the highest level of achievement you hold from a secondary school?

Date you completed your last year at secondary school? (month, year)

I am currently attempting a final year qualification. Date results will be available (month, year)

Name of examination

A certified copy of results is required, please attach.

TERTIARY HIGHER EDUCATION STUDY RECORD

Is this application for your first year at a tertiary/higher education institution? Yes No

If your answer is "No" please give details of your study

Institution	Country	Qualification	Years Enrolled		Qualification Completed	
			From	To	Yes	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you want to apply for credit of papers completed at another Tertiary Institution? Yes No

Please attach a certified copy of your academic records.

ENGLISH LANGUAGE PROFICIENCY

Have you completed an IELTS or TOEFL test? Yes No If "Yes", please attach your test results.

PRIOR ACTIVITY - as at 1 October prior to the date on which your course commences (select one)

Overseas - specify:

Living in New Zealand - specify:

DISABILITY

Do you have a disability, impairment, long-term injury or chronic medical condition? Yes No

If yes, please provide details of condition and support required

Are you deaf? Yes No

Most support is free for International Students, but you may have to pay for specific support or services.

INSURANCE IS A COMPULSORY COMPONENT TO STUDY IN NEW ZEALAND.

Do you have Medical and Travel Insurance? Yes No If "Yes," please attach a copy of your policies
If not, this will be purchased on your behalf by UCOL. Please provide copy of full insurance details with travel information.

5 ACCOMMODATION

Please tick your preferred accommodation option:

- I will make my own arrangements.** I do not want accommodation booked for me.
Please remember if you arrange your own accommodation you must keep us informed of where you are living.
- I would like UCOL to assist me in finding accommodation.**

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

6 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

ADDRESS 1			
ADDRESS 2		TOWN OR CITY	
STATE	COUNTRY	POSTCODE	

7 FEES

If UCOL offers you a place and if UCOL receives acceptance of that offer then you:

- Agree to pay to UCOL all UCOL tuition fees and all other UCOL fees before the first date teaching starts for your qualification.
- If UCOL allows you to start study after the first date that teaching starts then you agree to pay all UCOL fees before the date you are due to start studying together with the late start fee specified in the UCOL Prospectus for International Students.
- Even if you do not attend you will be required to pay all UCOL tuition fees and all other UCOL prescribed fees unless UCOL receives your withdrawal in the manner required by UCOL within the time required by UCOL for international students as stated in the International Fee Refund Policy in the International Prospectus.

PAYMENT OF FEES

Upon receipt of our invoice for your tuition fees and all other costs set by UCOL (if any), advise how you will be making your payment:

Bank cheque/Cash Telegraphic Transfer * *Please ensure you quote Student Name and/or UCOL ID Number.

Is an organisation paying your fees? Yes (please fill out details below) No (go to next section)

Organisation name

Telephone number

 (AREA CODE)

Postal address

Order number

Contact person

Telegraphic Transfer to UCOL's nominated bank account.

The details of this bank account are:

Universal College of Learning
Bank of Australia NZ (ANZ)
Corner The Square & Broadway,
Palmerston North, New Zealand

01 0745 0039831 004

Swift code:
ANZBNZ22

8 MEDICAL AUTHORITY

In the event of accident or ill health, I, FULL NAME (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.

9 MY ACKNOWLEDGEMENT AND DECLARATION

- In completing and returning this form, I am applying and provisionally enrolling at UCOL, and if UCOL confirms my enrolment in writing and if UCOL receives my acceptance of an offer of place before its expiry date then I agree to pay to UCOL in full the relevant tuition fees and all other fees set by UCOL before the first day that teaching starts on the qualification I am enrolled in.
- 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 Admission and Enrolment Form (International Students).
 - 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 qualification(s) paper(s) are suitable for any particular purpose or will achieve any particular result unless notified to me, in writing, by UCOL.
 - 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.
 - 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 qualification(s) /paper(s) I have chosen.

Continued overleaf.

- (v) I agree that the provisions of this Admission and Enrolment Form, together with the Terms and Conditions for International Students in the International Prospectus, current at the date I sign this form, form my contract with UCOL. That contract can only be varied by UCOL, in writing, signed by UCOL.
- (vi) I have read the UCOL International Prospectus and I understand it.
- (vii) I agree to supply to UCOL all information UCOL asks me to supply.
- (viii) I acknowledge that I have received a copy of the Summary of the Code of Practice for the Pastoral Care of International Students.
- (ix) Where I am transferring to UCOL from another education provider in New Zealand I consent to UCOL obtaining all information concerning me from that provider.
3. I agree that if UCOL confirms my enrolment, in writing, and if UCOL receives my acceptance of the UCOL offer of place, I may only withdraw if UCOL's Information Centre or Student Registry Services receives a Change of Circumstances Form duly completed and signed by me. My eligibility for a partial refund of tuition fees and when I have not already paid fees my obligation to pay fees depends on whether I am within the timeframes stipulated in the International Student Fee Refund policy in the International Prospectus and my reason for withdrawing.

10 DECLARATION

I declare that, to the best of my knowledge, all the information I have provided on the Admission and Enrolment (International Students) Form is true and complete, that I have read, I understand and I agree to the terms and conditions on this form and in the International Prospectus.

Signature

Date

DAY

MONTH

YEAR

Guardian Signature (if applicant under 18 years of age)

Date

DAY

MONTH

YEAR

If a guardian signs this form then the guardian agrees to pay all UCOL tuition fees and all other UCOL prescribed fees.

CHECKLIST

- Application is fully completed, dated and signed by me.
- I have attached (or will supply) proof of my age and identity, in the form of a certified³ copy of my current passport.
- I have attached (or will supply) certified proof of my highest level of achievement at secondary school, along with certified copies of all certificates awarded in respect of English courses where English is my second language, e.g. IELTS or TOEFL.
- I have attached evidence of having obtained compulsory medical and travel insurance (if applicable).

³ 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.

UCOL PALMERSTON NORTH

Cnr Princess & King Streets

International Admissions

Private Bag 11022, Palmerston North, 4442

Email: internationalstudent@ucol.ac.nz

UCOL WHANGANUI

16 Rutland Street

Private Bag 3020, Whanganui, 4500

UCOL MASTERTON

143–159 Chapel Street

PO Box 698, Masterton, 5840

Please email completed application to:
internationalstudent@ucol.ac.nz

Or post to:
UCOL Palmerston North, International Admissions,
Private Bag 11022, Palmerston North, New Zealand 4442