



APPLICATION FORM

Study Abroad or Exchange 2009/2010

I. 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 page from your passport.

Student Number (office use only)

Title (tick one) Mr Miss Ms Mrs Dr

Other (please specify)

Family Name

Given Name(s)

Preferred Given Name

Previous Name(s)

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Gender

Male Female

Nationality (List countries where you hold Citizenship/Residence)

Citizenship

Residence Visa

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

Please indicate the group(s) with which you identify.
(Tick one or more boxes)

121. British/Irish
122. Dutch
123. Greek
124. Polish
125. South Slav
126. Italian
127. German
128. Australian
129. Other European (please specify)
-
311. Samoan
331. Tongan
361. Fijian
371. Other Pacific Peoples (please specify)
-
411. Filipino
412. Cambodian
413. Vietnamese
414. Other Southeast Asian (please specify)
-
421. Chinese
431. Indian
441. Sri Lankan
442. Japanese
443. Korean
444. Other Asian (please specify)
-
511. Middle Eastern
521. Latin American
531. African
611. Other (please specify)
-

If you identify with more than one ethnic group, please list in order of your preference (e.g. 127, 121).

Disabilities (The completion of this section is not compulsory)

Do you have an impairment, disability or long-term medical condition?

Yes No

If 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"/> 2. Hearing
<input type="checkbox"/> 3. Blind	<input type="checkbox"/> 4. Vision
<input type="checkbox"/> 5. Specific learning	<input type="checkbox"/> 6. Medical
<input type="checkbox"/> 7. Head injury	<input type="checkbox"/> 8. Mental health
<input type="checkbox"/> 9. Mobility	<input type="checkbox"/> 10. Speech
<input type="checkbox"/> 11. Temporary impairment	<input type="checkbox"/> 12. Other (please specify)
	<input type="text"/>

Does your impairment, disability or medical condition affect your study?

Yes No

Permanent Home Address

Address

State/Province

ZIP/Postal Code

Country

Telephone ()

Alternative Telephone ()

Facsimile ()

Permanent home address valid from

____/____/____ to ____/____/____
Day / Month / Year to Day / Month / Year

Emergency Contact Person (Next of Kin)

Name

Relationship

Email address

Telephone ()

Country of Residence

Correspondence Address (If different from Permanent Home Address. This is the primary address the University will use to contact you.)

Address

State/Province

ZIP/Postal Code

Country

Telephone ()

Alternative Telephone ()

Facsimile ()

Correspondence address valid from

____/____/____ to ____/____/____
Day / Month / Year to Day / Month / Year

Preferred Method of Contact (Please indicate how you would like the University to contact you about enrolment matters. Tick one box only.)

Email Post

Email Address

2. Appointment of Agent (to be completed by the applicant)

Are you using a University of Otago authorised agent to handle your application?: Yes No

If yes, I authorise the University of Otago to release personal information to the following agent:

3. Proposed Study at the University of Otago

I plan to begin study in:

<input type="checkbox"/> Semester 1 (Feb - June _____)	<input type="checkbox"/> Semester 2 (July - Nov _____)	<input type="checkbox"/> Summer School (Jan - Feb _____)
Year	Year	Year

I wish to study for:

<input type="checkbox"/> One Semester	<input type="checkbox"/> Two Semesters	<input type="checkbox"/> Summer School
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Paper Selection

Please specify below the individual papers for which you wish to register; and the relevant teaching period (S1 for First Semester; S2 for Second Semester; FY for Full Year; SS for Summer School). It is recommended that you gain approval from your home institution for several papers, and make your final decision once you are at Otago.

The University can seek pre-approval for papers which:

- you **must** take in order to graduate or
- involve a field-work component

Please tick the pre-approval column below for relevant papers. Papers should be listed in order of preference. Please note that acceptance is automatic for 100-level papers.

Paper Code	S1, S2, FY or SS	Paper Name	Pre-approval (please tick)
Example EAOS 111	S1	Earth and Ocean Science	✓

4. 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 10 – 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 10 – 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 fees directly to the University of Otago.

5. English Language Proficiency

You will be required to produce evidence of your English language proficiency if English is not your first language.

Is English your first language? Yes No

If no, please attach evidence of your English proficiency

Test name Result

If you are yet to take a test, please indicate when results will be available:

6. Pre-University Study (this information is used for statistical purposes)

Secondary/High School Qualifications

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

School

Country Last year enrolled

7. 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
 Masters 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

My semester/year at Otago will be my year of university study at any university.
(eg 2nd)

8. Declaration and Signature

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

- 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);
- 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;
- that I have the right to see and correct if necessary the information I have provided;
- 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

9. Checklist

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:

- be stamped with an official seal or stamp
- bear the printed name and signature of the person certifying the copy
- 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.

For Office Use Only

<input type="checkbox"/> Evidence of Name	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>		
<input type="checkbox"/> Evidence of Date of Birth	<input type="text"/>				
<input type="checkbox"/> Evidence of Citizenship/Residency	<input type="text"/>				
<input type="checkbox"/> Admission to University	<input type="text"/>				
<input type="checkbox"/> Course	<input type="text"/>				
Checked by	<input type="text"/>				
Original Documents Returned: Type:	<input type="text"/>	Date:	<input type="text"/>	Signed:	<input type="text"/>

10. 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 4 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

Given name	<input type="text"/>	Family name	<input type="text"/>
Position	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
Signature	<input type="text"/>		

Indicate where notification of acceptance should be sent

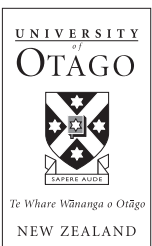
- Student's correspondence address
 Student's permanent home address
 Other address

- Study Abroad or Exchange Office listed above in care of:

Given name	<input type="text"/>	Family name	<input type="text"/>
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Indicate where academic transcripts should be sent (if different from above)

Given name	<input type="text"/>	Family name	<input type="text"/>
Position	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		



PLEASE RETURN THIS FORM AND SUPPORTING DOCUMENTS 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

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