



COURSE ENROLMENT FORM

PERSONAL

Family name _____ First name (s) _____

Male Female

Occupation _____

Date of Birth (min. age 18) _____ Nationality _____

Address _____

Telephone number _____ Fax number _____

E-mail address _____

Please list any health conditions or disabilities _____

Emergency contact person and phone number _____

How did you hear about AUT International House? _____

Are you applying for an AUT University programme of study? Yes No

Please advise name of programme _____

If you have a Conditional Letter for AUT University, please attach a copy of your Conditional Letter with the AUT IH Enrolment Form.

PLEASE ATTACH
YOUR PHOTO

OFFICE USE ONLY
STUDENT IE NUMBER:
| | | | |

COURSE

Your level of English (tick box): Elementary Intermediate Advanced

Course start date _____ Course finish date _____ Number of weeks _____

Course required (tick box):

- General English full-time (24 hours per week)
- Cambridge First Certificate in English (24 hours per week)
- GIE (24 hours per week)*
- General English part-time (15 hours per week)
- Cambridge Certificate in Advanced English (24 hours per week)
- IELTS full-time (24 hours per week)*

* Please attach a certified copy of your IELTS result

Are you interested in any of the following afternoon options? (tick box)

General English: Yes No IELTS: Yes No Business English: Yes No TOEIC: Yes No

Writing: Yes No Reading: Yes No Speaking: Yes No TKT: Yes No NZ Studies: Yes No

INSURANCE

International students must have appropriate and current Medical and Travel Insurance while studying in New Zealand. AUT International House can arrange Medical and Travel Insurance with Uni-Care on your behalf. Insurance for the length of your course will be added to your Statement of Fees. If you wish to arrange Medical and Travel Insurance yourself, you will need to provide proof, such as a copy of your policy, to be able to confirm your enrolment. For more information please visit: www.uni-care.org

I will require AUT IH to arrange medical and travel insurance for me: Yes No

I will arrange medical and travel insurance myself: Yes No

My insurance policy number is _____

Copy of policy attached: Yes No

DECLARATION

I understand and accept the conditions of enrolment outlined on the back of this form.

Student's signature _____ Date _____

(I confirm that I am over 18 years old)

PLEASE ATTACH A COPY OF YOUR PASSPORT

