



Application for Study Abroad Semester
(Certificate of Proficiency for Overseas Students)
(COPOS)

1. Personal Details

Email address	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
First name	
Last name	
Middle name(s)	
Preferred first name	
Date of birth	____/____/____ (dd/mm/yyyy)
Country of Birth	
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____
Citizenship	

2. Contact Details

Country	
Street name & number	
State	
City	
Postcode	
Contact phone number	(+____)
Ethnicity (ie. European, Maori, Hispanic, ...)	

3. Study Abroad Program Information

Study Level	<input type="checkbox"/> Undergraduate (Bachelor) <input type="checkbox"/> Postgraduate (Master)
Proposed start date	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20____
Proposed duration	<input type="checkbox"/> 1 Semester <input type="checkbox"/> 2 Semesters

4. Previous Education

Was the last secondary/high school the student studied at in New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what year will you/did you finish high school?	
Have you previously been enrolled in a tertiary program? (ie. University, FH, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what year were you first enrolled in a tertiary program? (ie. University, FH, etc.)	

5. Tertiary Education Details

Have you previously studied at Lincoln University?	<input type="checkbox"/> No <input type="checkbox"/> Yes, ID: _____
Are you currently enrolled in a tertiary institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree program (Bachelor/Master/etc.)	
Name of program	
Name of institution	
Start date	____/____/____ (dd/mm/yyyy)
Proposed end date	____/____/____ (dd/mm/yyyy)
Have you already completed another tertiary program? (if yes, please fill in below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree program (Bachelor/Master/etc.)	
Name of program	
Name of institution	
Start date	____/____/____ (dd/mm/yyyy)
End date	____/____/____ (dd/mm/yyyy)

6. English Language Qualification

All applicants are required to provide evidence of their proficiency in the English language.

What is your first language?	
Have you sat an English language test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which test?	
Test result	
Test date	____/____/____ (dd/mm/yyyy)

7. Declaration and Submit

Privacy of Personal Information - Students (Summary)

Lincoln University collects, stores, uses and discloses personal information relating to students in accordance with the Privacy Act 2020 for the purpose of conducting its proper business. A unique identifier is assigned to each student. Personal information is disclosed to other agencies as required under the Education and Training Act 2020 and other relevant New Zealand laws, regulations, and contractual agreements by which the University is bound. Students have the right to access and seek correction of their personal information. More information on this University's protection of the privacy of personal information is available at <http://www.lincoln.ac.nz/privacy> and in the University Calendar.

Student Declaration

I understand that Lincoln University will collect, store, use and disclose personal information about me in the course of conducting its proper business and that a unique identifier will be assigned to me to facilitate this. I have read and understand how such information will be managed and disclosed in accordance with the Privacy Act 2020 and as outlined on the University website <http://www.lincoln.ac.nz/privacy> and in the University Calendar. I acknowledge that I have the right to access and seek correction of personal information about me and understand that if I withhold information or provide false or misleading information my enrolment may be terminated.

For International Students only:

By providing my contact information, I agree to that information being provided by the University to its education agents for the purpose of assisting in the application and enrolment process.

Signature _____ Date _____ (dd/mm/yy)



Application for On-Campus Accommodation

(only to be completed if you are applying for University on-campus accommodation)

Accommodation Fees

All applicants will be required to pay a deposit within a specified date of receiving an offer of Campus Accommodation. Those who accept their offer and pay their deposit first will be roomed first.

For more information about living on campus and fees [click here](#).

If the student requires a family house please contact Accommodation Services accomm@lincoln.ac.nz.

1. Accommodation Preferences

In which semester would you like your accommodation contract to start	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____
In which semester would you like your accommodation contract to end	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____
Which accommodation type would you like to apply for? (choose on one)	<input type="checkbox"/> self-catered <input type="checkbox"/> fully-catered
Please list your 3 hall/flat preferences (Note: preference cannot be guaranteed and please make sure to only choose the preferences that fit the above category - self catered/fully-catered)	1. _____ 2. _____ 3. _____
Would you like to live in a same gender hall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to live in an alcohol-free area? (Stevens Hall only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to live with others of similar age?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Personal Conditions

Do you have special medical conditions?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Do you have any medications you take regularly?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Do you have any disabilities?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Do you have any dietary requirements?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____

3. Emergency Contact Details (person to be contacted in case of an emergency)

Given Name	
Family Name	
Relationship (parent, friend, relative)	
Country	
Street name & number	
State	
City	
Postcode	
Contact phone number	(+_____)
Contact email address	