



1. Program Information

| | |
|--------------------------------------|---|
| Program name | |
| Specialization (if applicable) | |
| Program code | |
| Start date | <input type="checkbox"/> Trimester 1 (February) <input type="checkbox"/> Trimester 2 (July) <input type="checkbox"/> Trimester 3 (November) |
| Campus | <input type="checkbox"/> Hamilton <input type="checkbox"/> Tauranga |
| Program (2 nd preference) | |
| Specialization (if applicable) | |
| Program code | |

2. Applicant Details

| | |
|------------------------|--|
| Family name | |
| Given name | |
| Middle name(s) | |
| Date of birth | ____/____/____ (dd/mm/yyyy) |
| Gender | <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____ |
| Country of Citizenship | |
| Ethnicity | |

3. Contact Details

| | |
|----------------------|---------|
| E-mail address | |
| Home phone | (+____) |
| Mobile phone | (+____) |
| Street name & number | |
| City | |
| Postcode | |
| Country | |

4. Secondary Education (ie. high school)

| | |
|--|--|
| Are you currently at secondary school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of school | |
| Last year at school | |
| Qualification (Abitur/ FH-Reife/ etc.) | |

5. Tertiary Education (ie. University, if any)

| | | | |
|---|------------------------------|-----------------------------|--------------------------|
| Are you currently enrolled in a tertiary institution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Degree program (Bachelor/Master/etc.) | | | |
| Name of program/study area | | | |
| Name of institution | | | |
| Country | | | |
| Start date | ____/____/____ (mm/yyyy) | | |
| Proposed end date | ____/____/____ (mm/yyyy) | | |
| Have you already completed another tertiary program? (if yes, complete below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Degree program (Bachelor/Master/etc.) | | | |
| Name of program/study area | | | |
| Name of institution | | | |
| Country | | | |
| Start date | ____/____/____ (mm/yyyy) | End date | ____/____/____ (mm/yyyy) |

6. Proficiency of English Language

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

| | | |
|---|-----------------------------|------------------------------|
| Is English your first language? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you sat/will you sit an English language test? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| If yes, which test? | | |
| Test date | ____/____/____ (dd/mm/yyyy) | |
| Test score (if available) | | |

7. Declaration and Signature

I declare that the information I have provided in this application and in any attached documentation is true and correct, and that I have not withheld any information which could have a bearing on my application, enrolment or the conditions of my enrolment. I agree to supply any further documentation requested by the University of Waikato for the purpose of my application or enrolment.

I have read the statement regarding the Privacy Act 1993 and I understand that the University of Waikato will hold, use and disclose information which I have provided as explained in that statement.

I also understand that I have the right to have access to the information about me held by the University of Waikato and to request correction of that information, in the terms provided for under the Privacy Act 1993.

Some personal information will be used by the Ministry of Education in an authorised information matching programme for the purposes of the National Student Index.

Signature _____ Date _____ (dd/mm/yyyy)