

International application for admission

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate. All applicants need to provide evidence of their legal name, date of birth, residency status or citizenship. At this stage, feel free to scan and attach copies of these – if we need anything further, we'll be in touch.

Local representative information

Are you a Recruitment Agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (please tick)	Agent name Academlux
Agent URN A30172	

Personal details *Denotes mandatory field – do not leave blank

Names	First*	Second	Family*
Gender* Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick) Why no 'gender diverse' option? This gender data is required by the Ministry of Education, which currently recognises only male and female. We are committed to providing a safe and inclusive environment for LGBTQI and gender diverse students .			
Date of birth* (dd/mm/yyyy)			
Will you be over 20 years of age on or before the first day of the semester for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)			
Do you live with the long term effects of disability or injury?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) <small>This information has no bearing on your application and is only used to improve our services to students. For information see our Disability Support Services webpage.</small>			

Other details *Denotes mandatory field – do not leave blank

Do you have a current New Zealand Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please provide a copy of your current visa.	
Are you applying for a Student Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please indicate visa type below:	
Visa type	Standard Visa <input type="checkbox"/> Pathway Visa <input type="checkbox"/> (please tick) <small>Pathway Student Visa, allows you to study up to 3 courses, one after the other, on a single student visa.</small>
Residency status*	Country of citizenship*
Ethnicity*	Is English your first language?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
If English is not your first language, what is your first language?*	
Will you be living in New Zealand for the period of your study?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
National Student Number (NSN) (if applicable)	
Have you previously applied to study at the University of Waikato? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please enter your student ID number below:	
University of Waikato student ID number?	

Contact details *Denotes mandatory field – do not leave blank

Email*	
Home telephone number (including country code)	Mobile telephone number (including country code)
Postal address*	
City/Town*	Postcode
Country*	

Emergency contact details *Denotes mandatory field – do not leave blank

Emergency contact name*	Relationship to you*
Can they speak English?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If No, what is their main language?	
Home telephone number* (including country code)	Work telephone number* (including country code)
Email*	
Residential address*	
City/Town*	Postcode
Country*	

Education *Denotes mandatory field – do not leave blank. This information has no bearing on your application. The Ministry of Education requires us to collect this information.

Are you currently at secondary school?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
Last secondary school attended*	Last year at school*
What is the highest secondary level qualification you have completed?*	
Have you previously studied at tertiary level (other than at Waikato University)?* Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
What did you study?* (please attach copies of transcripts)	
When did you complete this study?* (dd/mm/yyyy)	

Course selection

Please select your course and when you would like to start.

General English Language Programme (GE)* <input type="checkbox"/>			
Start date	Month	Year	Number of weeks

Certificate of Attainment in English Language (CAEL)* <input type="checkbox"/>					
February (Standard) <input type="checkbox"/>	May (Standard) <input type="checkbox"/>	May (intensive)** <input type="checkbox"/>	August (Standard) <input type="checkbox"/>	November (Standard) <input type="checkbox"/>	Year

Certificate of Attainment in Foundation Studies (CAFS)* Standard <input type="checkbox"/> Accelerated <input type="checkbox"/>			
February (Trimester A) <input type="checkbox"/>	July (Trimester B) <input type="checkbox"/>	November (Trimester C – Summer School) <input type="checkbox"/>	Year

International Diploma (Business)* <input type="checkbox"/> Bachelor of Business# <input type="checkbox"/>			
March (Trimester A) <input type="checkbox"/>	July (Trimester B) <input type="checkbox"/>	November (Trimester C) <input type="checkbox"/>	Year

International Diploma (Science)* <input type="checkbox"/> Bachelor of Science## <input type="checkbox"/>		
March (Trimester A) <input type="checkbox"/>	July (Trimester B) <input type="checkbox"/>	Year

*Courses will be delivered by Study Group NZ Limited on behalf of the University of Waikato. Conditions apply. Please attach recent IELTS results or equivalent.

**Intensive course for Certificate of Attainment in English Language (CAEL) level 6, 7 & 8 only.

#You must gain a C- grade in all papers to complete the International Diploma programme. By completing the programme you will be eligible to progress into the second year of the Bachelor of Business.

##You must gain a C- grade in all papers to complete the International Diploma programme. By completing the programme you will be eligible to progress into the second year of the Bachelor of Science.

Students must arrive for Orientation/Enrolment, please see information about Orientation dates on your offer letter.

Package program offer

Undergraduate offer

Do you wish to receive a conditional undergraduate Letter of Offer from The University of Waikato? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Will you apply for a visa to cover the undergraduate program? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)

The Undergraduate course I would like to study at The University of Waikato is: (in order of preference)

Preference 1	Major
Preference 2	Major
Preference 3	Major

Disability

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please indicate the area/s of impairment:									
Acquired brain impairment <input type="checkbox"/>	Hearing/Deaf <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Learning <input type="checkbox"/>	Physical <input type="checkbox"/>	Medical condition <input type="checkbox"/>	Mental illness <input type="checkbox"/>	Mobility <input type="checkbox"/>	Vision <input type="checkbox"/>	
If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)									

Medical and travel insurance details (if applicable)

Do you currently hold a medical and travel insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please provide details below.	
Name of medical and travel insurance provider	
Medical and travel insurance membership number	Medical and travel insurance expiry date (dd/mm/yyyy)

For your convenience, medical insurance will be included automatically on your invoice unless you provide us with details of your alternative policy.

Homestay and Airport Pick-up

Do you require Homestay to be arranged for you? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please provide details below.		
Length of stay	Homestay start date (dd/mm/yyyy)	Homestay end date (dd/mm/yyyy)
Do you require the Airport Pick-up service to be arranged for you? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)		

Declaration and signature (This application must be signed; otherwise it will not be accepted)

By ticking this box I confirm the following:

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 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 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 this 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. For further information visit: <https://pathways.waikato.ac.nz>

Full name (Student or Parent/Legal Guardian*)	Date (dd/mm/yyyy)
Signature (Student or Parent/Legal Guardian*)	

*If applicant is under the age of 18.