



# APPLICATION FORM

## UNIVERSITY OF OTAGO LANGUAGE CENTRE



- Please type clearly and fill out all sections of this form
- Please sign the form. Incomplete applications will not be processed
- All student policies can be viewed at: [www.otago.ac.nz/uolcfy/about/policies.htm](http://www.otago.ac.nz/uolcfy/about/policies.htm)

Completed applications may be emailed to: [info@ranke-heinemann.de](mailto:info@ranke-heinemann.de), [wien@ranke-heinemann.at](mailto:wien@ranke-heinemann.at)

### PERSONAL DETAILS

FAMILY NAME (as in passport)		FIRST NAME(S)	
PREFERRED NAME (i.e. – your English name, if any)	DATE OF BIRTH day   month   year	AGE	GENDER <input type="radio"/> male <input type="radio"/> female
COUNTRY OF BIRTH	NATIONALITY (as per your passport)	ARE YOU A NEW ZEALAND/ AUSTRALIAN PERMANENT RESIDENT? <input type="radio"/> Yes <input type="radio"/> No	

STUDENT'S HOME ADDRESS

PHONE	FAX	MOBILE	EMAIL
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**MEDICAL CONDITIONS** (e.g allergies, asthma etc) Please give details.

DO YOU REQUIRE A HOMESTAY? Please complete the homestay application form <input type="radio"/> Yes <input type="radio"/> No	ARE YOU STUDYING ON A SCHOLARSHIP? (If yes, please state scholarship provider) <input type="radio"/> Yes <input type="radio"/> No
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### STUDENTS UNDER 18 PARENTAL CONSENT (INTERNATIONAL STUDENTS ONLY)

Please read the parental consent conditions for international students under the age of 18 located at – [www.otago.ac.nz/uolcfy/services/int\\_students\\_under\\_18.htm](http://www.otago.ac.nz/uolcfy/services/int_students_under_18.htm)

I have read and understood the parental consent conditions and fully accept these

If the student requires urgent medical attention and needs to be admitted to hospital, does the host family and/or staff have authority to act on your behalf?  Yes  No

PARENT'S SIGNATURE (or person/guardian with parental permission to sign)	DATE day   month   year
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### ENROLMENT PERIOD (For term dates go to – [www.otago.ac.nz/uolcfy/uolc/datesfees.html](http://www.otago.ac.nz/uolcfy/uolc/datesfees.html))

START DATE day   month   year	FINISH DATE day   month   year
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### COURSE DETAILS

PLEASE INDICATE WITH A TICK WHICH COURSE YOU WANT TO STUDY:

- General English     IELTS     TOEFL     English for Academic Purposes  
 English for Otago – Undergraduate     English for Otago – Postgraduate     Other (if other please specify)

I am coming with a group <input type="radio"/> Yes <input type="radio"/> No	Name of group	I am a part time student <input type="radio"/> Yes <input type="radio"/> No	Number of hours
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**ENGLISH LANGUAGE DETAILS**

HAVE YOU TAKEN AN ENGLISH LANGUAGE TEST?

 Yes  No

NAME OF THE TEST? e.g. IELTS, TOEFL

DATE OF LAST TEST

day month year

SCORE

**AGENT INFORMATION**

COMPANY NAME

NAME OF AGENT

COMPANY ADDRESS

PHONE

FAX

MOBILE

EMAIL

**WOULD YOU LIKE ALL DOCUMENTS SENT TO YOUR HOME ADDRESS OR YOUR AGENTS ADDRESS ?** Home  Agent**EMERGENCY CONTACT DETAILS**

NAME OF PERSON WE SHOULD CONTACT IN AN EMERGENCY

RELATIONSHIP TO STUDENT

LANGUAGES SPOKEN

PHONE

FAX

MOBILE

EMAIL

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1. I have read, understand and accept the policies, rules and procedures regarding students in the University of Otago Language Centre and agree to abide by them
  2. I do solemnly promise that I will obey the regulations of the University of Otago so far as they apply to me
  3. I agree that all disputes will be dealt with in accordance with New Zealand law
  4. I declare that all the information now submitted, or which I will later submit, in connection with my enrolment is correct and complete
  5. I understand that the University and University of Otago Language Centre reserve the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me
  6. I will inform University of Otago Language Centre if there are any changes to the details of this application
  7. I understand that information supplied in connection with my enrolment and study may be used:
    - by members of the academic and administrative staff of the University and University of Otago Language Centre for purposes relating to my enrolment and study, and also for such purposes by any other tertiary institution in New Zealand to which I may transfer
    - for purposes external to the University when the information is in statistical form or when the University reasonably believes it is not to my disadvantage for such external use to occur, and also where disclosure is required or permitted in accordance with the provisions of the Privacy Act 1993
  8. This is my student contract with University of Otago Language Centre.

STUDENT'S SIGNATURE:

DATE:

day month year