



APPLICATION FORM

Study Abroad or Exchange 2009/2010

I. Personal Details

Enter your full name in this section as shown on your birth certificate or passport. You should attach an original or witnessed copy of your birth certificate or a witnessed copy of the personal details page from your passport.

Student Number (office use only)

Title (tick one) Mr Miss Ms Mrs Dr

Other (please specify)

Family Name

Given Name(s)

Preferred Given Name

Previous Name(s)

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	19	Year		

Gender

Male Female

Nationality (List countries where you hold Citizenship/Residence)

Citizenship

Residence Visa

Ethnic Origin(s) (This information is used for New Zealand Ministry of Education statistical purposes or University purposes only)

Please indicate the group(s) with which you identify.
(Tick one or more boxes)

121. British/Irish
122. Dutch
123. Greek
124. Polish
125. South Slav
126. Italian
127. German
128. Australian
129. Other European (please specify)
311. Samoan
331. Tongan
361. Fijian
371. Other Pacific Peoples (please specify)
411. Filipino
412. Cambodian
413. Vietnamese
414. Other Southeast Asian (please specify)
421. Chinese
431. Indian
441. Sri Lankan
442. Japanese
443. Korean
444. Other Asian (please specify)
511. Middle Eastern
521. Latin American
531. African
611. Other (please specify)

If you identify with more than one ethnic group, please list in order of your preference (e.g. 127, 121).

Disabilities (The completion of this section is not compulsory)

Do you have an impairment, disability or long-term medical condition?

 Yes No

If yes, how would you describe your impairment, disability or medical condition? Please tick one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> 1. Deaf | <input type="checkbox"/> 2. Hearing |
| <input type="checkbox"/> 3. Blind | <input type="checkbox"/> 4. Vision |
| <input type="checkbox"/> 5. Specific learning | <input type="checkbox"/> 6. Medical |
| <input type="checkbox"/> 7. Head injury | <input type="checkbox"/> 8. Mental health |
| <input type="checkbox"/> 9. Mobility | <input type="checkbox"/> 10. Speech |
| <input type="checkbox"/> 11. Temporary impairment | <input type="checkbox"/> 12. Other (please specify) |

Does your impairment, disability or medical condition affect your study?

 Yes No**Permanent Home Address**

Address

State/Province ZIP/Postal Code Country Telephone () Alternative Telephone () Facsimile ()

Permanent home address valid from

Day / Month / Year to Day / Month / Year

Emergency Contact Person (Next of Kin)Name Relationship Email address Telephone () Country of Residence **Correspondence Address** (If different from Permanent Home Address. This is the primary address the University will use to contact you.)

Address

State/Province ZIP/Postal Code Country Telephone () Alternative Telephone () Facsimile ()

Correspondence address valid from

Day / Month / Year to Day / Month / Year

Preferred Method of Contact (Please indicate how you would like the University to contact you about enrolment matters. Tick one box only.) Email Post**Email Address****2. Appointment of Agent** (to be completed by the applicant)

Are you using a University of Otago authorised agent to handle your application?:

 Yes No

If yes, I authorise the University of Otago to release personal information to the following agent:

**3. Proposed Study at the University of Otago**

I plan to begin study in:

<input type="checkbox"/> Semester 1 (Feb - June _____)	<input type="checkbox"/> Semester 2 (July - Nov _____)	<input type="checkbox"/> Summer School (Jan - Feb _____)
Year	Year	Year

I wish to study for:

<input type="checkbox"/> One Semester	<input type="checkbox"/> Two Semesters	<input type="checkbox"/> Summer School
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Paper Selection

Please specify below the individual papers for which you wish to register, and the relevant teaching period (S1 for First Semester; S2 for Second Semester; FY for Full Year; SS for Summer School). It is recommended that you gain approval from your home institution for several papers, and make your final decision once you are at Otago.

The University can seek pre-approval for papers which:

- you **must** take in order to graduate or
- involve a field-work component

Please tick the pre-approval column below for relevant papers. Papers should be listed in order of preference. Please note that acceptance is automatic for 100-level papers.

Paper Code	S1, S2, FY or SS	Paper Name	Pre-approval (please tick)
Example EAOS 111	S1	Earth and Ocean Science	✓

4. Enrolment Category

Please indicate how you plan to enrol at the University of Otago

- A. As an exchange student participating in a bilateral student exchange agreement existing between my college/university and the University of Otago.
(Please have the Exchange Coordinator from your college/university complete Section 10 – Nomination for Study Abroad or Exchange)
- B. As a Study Abroad student participating in an approved programme at the college/university where I am enrolled.
(Please have your Study Abroad Adviser from your college/university complete Section 10 – Nomination for Study Abroad or Exchange)
- C. As a Study Abroad student participating in an approved programme offered by a college/university other than where I am enrolled, or through a Study Abroad placement organisation.
- D. As an independent Study Abroad student. I am applying to the University of Otago independently from any programme offered by my college/university or any other institution or organisation. I will pay my tuition fees directly to the University of Otago.

5. English Language Proficiency

You will be required to produce evidence of your English language proficiency if English is not your first language.

Is English your first language? Yes No

If no, please attach evidence of your English proficiency

Test name Result

If you are yet to take a test, please indicate when results will be available:

6. Pre-University Study (this information is used for statistical purposes)

Secondary/High School Qualifications

Please name the school where you are at present, or were last enrolled.

School

Country Last year enrolled

7. Previous University Study

Name of Institution <i>(Beginning with current institution)</i>	Years of Enrolment <i>(year to year)</i>	Degree	Major Subject	Overall Grade Point Average

You are currently

- Freshman/1st Year Sophomore/2nd Year Junior/3rd Year Senior/4th Year
 Masters student PhD student

Please list any courses that you are currently enrolled in but which do not appear on your transcripts

Course Name	Semester

Year of University Study

My semester/year at Otago will be my year of university study at any university.
(eg 2nd)

8. Declaration and Signature

The information on this form is supplied by me on the understanding:

- that it may be used for purposes relating to my enrolment as a student by members of the academic and administrative staff of the University of Otago (or for any other tertiary institution in New Zealand to which I may transfer);
- that it may be used for purposes external to the University, when it is in statistical form or when it is not to my disadvantage for this to be done, and also where disclosure is required to comply with the provisions of the Privacy Act 1993;
- that I have the right to see and correct if necessary the information I have provided;
- that my application cannot proceed without my consent to the foregoing conditions.

I declare that all the information submitted on this application form and in the attached documents is correct and complete. I authorise the University to obtain official records from any educational institution that I have previously attended. I understand that the University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

Applicant's Signature Date

9. Checklist

Have you included the following:

- Certified/notarised copies of academic transcripts from all colleges or universities attended
 Certified/notarised copy of English language results for non-native speakers of English
 Certified/notarised copy of your birth certificate or passport (personal details page)

Certified/notarised copies must:

- be stamped with an official seal or stamp
- bear the printed name and signature of the person certifying the copy
- have the date when the copy was certified

Please note: You must attach documentary evidence (in English) of all qualifications, including results of studies currently being undertaken. If photocopies are provided, they must be certified/notarised. The following people may witness/certify documents as true copies of the originals: Justice of the Peace; Notary Public; Solicitor; Student Records Officer; Study Abroad/Exchange Adviser.

For Office Use Only

<input type="checkbox"/> Evidence of Name	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>		
<input type="checkbox"/> Evidence of Date of Birth	<input type="text"/>				
<input type="checkbox"/> Evidence of Citizenship/Residency	<input type="text"/>				
<input type="checkbox"/> Admission to University	<input type="text"/>				
<input type="checkbox"/> Course	<input type="text"/>				
Checked by	<input type="text"/>				
Original Documents Returned: Type:	<input type="text"/>	Date:	<input type="text"/>	Signed:	<input type="text"/>

10. Nomination for Study Abroad or Exchange

This section must be completed by the Study Abroad Adviser or Exchange Administrator from the institution coordinating the application process to the University of Otago. (Only for student categories A and B listed in Section 4 of this form)

This is to certify that has been nominated and approved to apply to the University of Otago as a:

- Study Abroad student
- Exchange student (as part of a bilateral student exchange agreement with the University of Otago)

Write your name, position and contact details

Given name	<input type="text"/>	Family name	<input type="text"/>
Position	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
Signature	<input type="text"/>		

Indicate where notification of acceptance should be sent

- Student's correspondence address
- Student's permanent home address
- Other address

Study Abroad or Exchange Office listed above in care of:

Given name	<input type="text"/>	Family name	<input type="text"/>
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Indicate where academic transcripts should be sent (if different from above)

Given name	<input type="text"/>	Family name	<input type="text"/>
Position	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		



PLEASE RETURN THIS FORM AND SUPPORTING DOCUMENTS TO:

Institut Ranke-Heinemann Schnutenhausstrasse 44 45136 Essen Deutschland Tel.: 0049-201-252552 info@ranke-heinemann.de www.ranke-heinemann.de	Institut Ranke-Heinemann Theresiengasse 32 1180 Wien Österreich Tel.: 0043-1-4060224 wien@ranke-heinemann.at www.ranke-heinemann.at
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ENROLMENT DECLARATIONS



Title: Mr Miss Ms Mrs Dr Other
Family Name: Given Name(s):

DECLARATIONS

Please read the following declarations and authorisations and then sign below.

Admission and Enrolment

I declare that all the information now submitted, or which I will later submit, in connection with my enrolment (whether on a physical form, entered electronically, or in any supporting documents) is correct and complete.

I authorise the University of Otago to obtain official records from any educational institution that I have previously attended.

I understand that the University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me.

Regulations

I do solemnly promise that I will faithfully obey the regulations of the University of Otago so far as they apply to me; and I hereby declare that I will have attained the age of sixteen years by 31 December 2009.

Note: This declaration (which is required to be made by the virtue of the University's Admission and Enrolment Statute) confirms the binding nature of all regulations established by or under the authority of the University Council. Attention is particularly drawn to:

The Code of Student Conduct (published in the University Calendar and at www.otago.ac.nz/study/regulations/discipline.html#codeofstudentconduct); and
The Computer Regulations (published in the University Calendar and at www.otago.ac.nz/study/regulations/computer.html).

Fees and Course Materials

I accept responsibility for the payment of all fees (including tuition fees) charged by the University. Should I default on payment of all or part of those fees, I agree to pay all costs relating to the collection of the outstanding debt. If my fees are paid by a Government Student Loan through the Ministry of Social Development (StudyLink) and I become eligible for a refund of all or part of those fees, I authorise the University to pay the refund directly back to StudyLink to be credited against my student loan balance. I undertake to return course materials supplied to me in connection with any paper from which I subsequently withdraw, if that is a departmental requirement, or to accept liability for payment for the material.

Course of Study

I accept responsibility for satisfying myself as to the suitability of my own course of study. I understand that my course must comply with programme regulations and that I must not undertake a course involving unresolved timetable clashes. I acknowledge that in finalising my course and in making any subsequent changes I must abide by requirements of Advisers of Studies.

Amendments to Course

If the course for which I have sought enrolment requires amendment (because of my failure in any examinations or assessment, or because of the regulations for the programme concerned) I agree that the University may make any necessary changes to my course. I understand that I will be informed in writing of any such changes or will have the opportunity to revise my course in consultation with relevant Advisers of Studies.

Privacy

I understand that information supplied in connection with my enrolment and study at the University may be used (a) by members of the University's academic and administrative staff 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 and (b) 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.

I acknowledge that, in accordance with the provisions of the Privacy Act 1993, disclosure of my information may be required or permitted in certain cases, including disclosure to Government agencies such as the New Zealand Police, Ministry of Education, Ministry of Justice, Ministry of Social Development, Accident Compensation Corporation, Inland Revenue Department and the Tertiary Education Commission.

I understand that I have the right to see, and correct if necessary, information held about me.

Computer Use

I understand that the University may monitor data entered or changed by users and reserves the right to take disciplinary action in cases involving false, misleading, or offensive data, and that the University accepts no liability for consequences arising from the divulging of usernames or passwords to others.

Copyright

I understand that I must observe the Copyright Act 1994 in relation to any teaching materials supplied to me in the course of study at the University and that I may not make unauthorised sound recordings of lectures or audioconferences.

Intellectual Property Rights (for thesis students)

I undertake to abide by the University's Policy for Intellectual Property Rights of Graduate Research Students.

Immigration (for students who are not New Zealand citizens)

I authorise the University and Immigration New Zealand and the Department of Labour to supply information about me to each other if it is considered to be relevant to my immigration status and/or my enrolment status.

Signature of Applicant

Date

Compulsory Course Registration Form for Study Abroad and Exchange Students



Family Name _____ Given Name _____

I wish to study for:

One Semester

Two Semesters



Paper (Course) Selection

You must register for at least three papers (courses) to enrol at Otago. **You can take a maximum of four papers each semester.**

If you require **authorisation by an academic adviser from your home institution** to take these papers at Otago, please **obtain this before uploading this form.**

Check the pre-requisite requirements carefully for each paper by visiting <http://www.otago.ac.nz/courses/subjects/>, and make sure the papers you have chosen are being offered in the semester you will be studying at Otago:

First semester (February), Second semester (July), Full year (February – November), Summer school (January)

Please list the papers that you wish to take (in order of preference) in the table below.

	Paper code <i>eg. ENVI211</i>	Paper name <i>eg. Environmental History of New Zealand</i>	Authorised by home institution? (Adviser to initial)	Office Use ONLY	
				Yes/No	Initial
1 st sem					
2 nd sem					
Alternate paper choices					
In case any of your primary paper requests above are declined, please enter three alternate paper choices in order of preference below.					

Study Abroad Nomination

Please indicate whether you are:

- A. a Study Abroad student participating in an approved programme at the college/university where I am enrolled.
- B. an independent Study Abroad student

If you have selected A above you must have your Study Abroad Adviser from the institution co-ordinating the application process complete the section below:

This is to certify that _____ has been nominated and approved to apply to the University of Otago as a Study abroad student.

Name: _____ Email address: _____

Position: _____ Signature: _____