

International Student 2nd & 3rd Year Application Form

How to Apply

To complete the form in full you are required to complete all the questions unless the form specifically directs you to another question or a section further on. If a question does not apply to you, mark it 'N/A' or 'not applicable'. If you don't answer a question, we may send the incomplete form back to you.

Personal Details (as shown in passport) Please fill sections fill in BLOCK letters.			
Family Name:	<input type="text"/>	First Name(s):	<input type="text"/>
Student ID:	<input type="text"/>	Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> DD/MM/YYYY
Nationality:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Passport Number:	<input type="text"/>	Issue Date:	<input type="text"/> Expiry Date: <input type="text"/>
Current Visa Expiration Date:	<input type="text"/>	Insurance Expiration Date:	<input type="text"/>
School:	<input type="checkbox"/> CIB <input type="checkbox"/> NIE <input type="checkbox"/> FEL <input type="checkbox"/> Other (please specify) <input type="text"/>		
Current Course of Study:	<input type="text"/>	Completion Date:	<input type="text"/>

Applicant's Contact Details			
Current Address:	<input type="text"/>		
Mobile:	<input type="text"/>	Email:	<input type="text"/>

Course you are applying for (please tick)	
<input type="checkbox"/> NZ Diploma in Business (Level 6)	<input type="checkbox"/> NZ Diploma in Systems Administration (Level 6)
<input type="checkbox"/> Diploma in Business (Level 7)	<input type="checkbox"/> NZ Diploma in Engineering (Level 6)
<input type="checkbox"/> Diploma in Business Management (Level 7)	<input type="checkbox"/> Diploma in Electronics and Telecommunications (Level 7)
<input type="checkbox"/> Diploma in Accounting (Level 7)	<input type="checkbox"/> NZ Diploma in Cookery (Level 5)
<input type="checkbox"/> Diploma in Business Accounting (Level 7)	<input type="checkbox"/> NZ Diploma in Hospitality Management (Level 6)
<input type="checkbox"/> Diploma in Computing (Level 7)	<input type="checkbox"/> Others(please specify) _____

Campus: Auckland Tauranga Christchurch

Please note that it is compulsory to hold valid insurance for the duration of your study in NZ.

Do you wish to purchase medical and travel insurance? YES / NO

If you answered NO to the question above, please provide alternative insurance option you have chosen.

Insurance provider: _____ Insurance proof submitted: YES NO

Parents Contact Details or Emergency Contact (home Country)			
Name:	<input type="text"/>	Mobile:	<input type="text"/>
Relation to you:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		

Emergency contact in New Zealand (if any)			
Name:	<input type="text"/>	Mobile:	<input type="text"/>
Relation to you:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		

