



### 1. Agent Details

I hereby nominate the below Agent to submit this application to the University of Auckland on my behalf including all necessary documents, and to act as my representative for all future correspondence.

Name of agent	<b>GOstralia!-GOmerica!</b>
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Koeln <input type="checkbox"/> Hamburg/Berlin <input type="checkbox"/> Dortmund

### 2. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
First name	
Middle name(s)	
Last name	
Preferred first name	
Have you been known by any other names (maiden name)?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Have you previously studied in New Zealand?	<input type="checkbox"/> No <input type="checkbox"/> Yes, NSN: _____

### 3. Contact Details

Contact phone number	(+____)
Country	
Street name & number	
City	
Postcode	
Email address	

### 4. Additional Information

Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____
Date of birth	____/____/____ (dd/mm/yyyy)
Citizenship	
Are you a permanent resident of New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity	
What is your first language?	

## 5. Disability Information

Do you live with the effects of a mental health condition, learning disability, long-term medical condition, or other disability or impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____ _____
Do you need some form of assistance from Disability Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6. English Language Qualification

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

What is your first language?	
Have the last two years of your education been conducted entirely in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sat an English language test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which test?	

## 7. Tertiary Education (if any) (University, etc.)

Have you attended University of Auckland before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently enrolled in a tertiary institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	
Name of institution	
Degree program (Bachelor/Master/etc.)	
Name of program	
Start date	____/____/____ (mm/yyyy)
Proposed End Date	____/____/____ (mm/yyyy)
Have you already completed another tertiary program? (if yes, please fill in below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of institution	
Degree program (Bachelor/Master/etc.)	
Name of program	
Start date	____/____/____ (mm/yyyy)
End Date	____/____/____ (mm/yyyy)

## 8. Secondary Education (high school)

In what country did you attend your last secondary school?	
Name of school	
When was the last year you attended this school?	
Have you completed this qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your highest secondary qualification (Abitur/ FH-Reife/ etc.)?	

## 9. Study Abroad Program Information

Proposed start date	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2    Year: 20_____
Preferred campus	<input type="checkbox"/> City <input type="checkbox"/> Grafton <input type="checkbox"/> Epsom <input type="checkbox"/> Other: _____
Proposed duration	<input type="checkbox"/> 1 Semester <input type="checkbox"/> 2 Semesters

## 10. Declaration

I declare that the information provided in this application is true, correct and complete, that no information that would have a bearing on my admission or enrolment has been withheld and that I am the legitimate owner of the identity being claimed.

I understand that the University of Auckland (the University) may withdraw, amend or substitute an offer, cancel my enrolment, or apply other measures it considers appropriate if information or documents provided in connection with this application are found to be false, incorrect or incomplete.

I understand the University may offer me an alternative programme of study if I do not meet the requirements for my chosen programme of study.

I understand that the University may withdraw or amend an offer, if the information or documents required by the University to support this application are not provided by the requested date.

I will provide the originals of my qualifications, if requested to do so by the University.

I am aware that a non-refundable [fee for admission](#) may be payable for this application, and I have read, understood and agree to comply with the University's rules on deletion, withdrawal, and the refund or credit of fees, as described in the [Enrolment and Programme Regulations](#) and the [Fees Statute](#).

I understand that in addition to the academic requirements of this programme, further requirements may be necessary for my chosen career. These could include other qualifications, registration with a professional body, licensing, or other legal requirements. I understand that it is my responsibility to be aware of these additional requirements and to ensure that I can meet them.

I acknowledge that the Application for Admission requests that I authorise certain entities that hold personal information about me to disclose that information to the University on request, and I confirm that I authorise such information be requested by the University and provided to the University by the relevant entity.

I understand that the University may otherwise collect, use and disclose personal information about me in accordance with its [Privacy Statements](#) and the [Privacy Act 2020](#).

I will comply at all times with the University's [statutes, regulations, rules and policies](#).

Signature \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yyyy)

**ACCESS TO INFORMATION HELD BY THE UNIVERSITY OF AUCKLAND STUDENT  
SERVICES ONLINE**

**AUTHORISATION FORM**

The University of Auckland (“University”) has an online tool called Student Services Online (“SSO”) which is accessed through the online student management system. SSO enables agencies that are acting on behalf of students to access information for the purpose of advising, submitting and tracking the progress of student applications.

The University requires that this written authorisation is completed and signed by the student before an agency can act on their behalf and access the student’s applications on SSO.

**Agency Details**

Name of agency:

**Student Details**

Name:

Date of Birth:

Email address:

**Authorisation**

I, the Student, authorise the above Agency and any designated employees acting on their behalf to access any enrolment applications made by me or on behalf of me to the University (“my Application”) through SSO.

I understand that access by the Agency to my Application will be solely for the purpose of advising, submitting and tracking progress of my Application to the University and the Agency will not disclose any information in my Application to another person without my written permission.

I confirm to The University of Auckland that I will allow the Agency to act on my behalf through SSO for a period of two years and six months from the date of the signing of this consent. I understand that I may withdraw consent to the Agent having access to my Application(s) at any time by notifying the Agent or the University in writing.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_