



Application for Study Abroad Semester
 (Certificate of Proficiency for Overseas Students)
 (COPOS)

1. Study Abroad Program Information

Proposed start date	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____
Proposed duration	<input type="checkbox"/> 1 Semester <input type="checkbox"/> 2 Semesters

2. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
Last name	
Given name(s)	
Preferred first name	
Date of birth	____/____/____ (dd/mm/yyyy)
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____
Preferred Pronouns (optional)	

3. Visa Information

Have you been known by any other names (maiden name)?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Are you a permanent resident of New Zealand?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Citizenship/Nationality	
Ethnicity (if different from citizenship)	
What is your first language?	
Do you have an impairment, disability or long-term medical condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ _____

4. Contact Details

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

5. Secondary Education

In what country did you attend your last secondary school (high school)?	
When was the last year you attended this school?	
What is the name of your highest secondary qualification (Abitur/ FH-Reife/ etc.)?	
Have you completed this qualification?	<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.

Have you sat an English language test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which test?	
Test date	____/____/____ (dd/mm/yyyy)

7. Tertiary Education

Will you be resident / living in New Zealand at 1st October the year before your intended start date?	<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/study area	
Standard qualification duration (i.e. 3 years)	
Start date	____/____/____ (dd/mm/yyyy)
Expected completion date	____/____/____ (dd/mm/yyyy)
Have you already completed another tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	
Name of institution	
Degree program (Bachelor/Master/etc.)	
Name of program	
Standard qualification duration (i.e. 3 years)	
Start date	____/____/____ (dd/mm/yyyy)
End date	____/____/____ (dd/mm/yyyy)

8. Additional Career Information

What is your intended career?	
Will your chosen program assist you in meeting your career intention?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Declaration and Agreement

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, or when provided will be, correct and complete.

I authorise the University of Otago to obtain official records and related information relevant to my application for enrolment from any educational institution that I have previously attended and from any applicable authority including the New Zealand Qualifications Authority, International Baccalaureate, and University of Cambridge International Examinations.

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.

I confirm that I will have attained the age of 16 by the first day of formal classes for my proposed course of study.

I understand that I am unable to enrol or remain enrolled for Final Examination Only if I am suspended under the University's Academic Progress Policy.

Regulations

I acknowledge that as an enrolled student at the University of Otago I will be bound by the Statutes, Regulations and other requirements established by, or under the authority of the University Council.

I acknowledge that my attention has been particularly drawn to:

The Code of Student Conduct which forms part of the University's Discipline Statute (published in the University Calendar and on the [University's website](#)); and

The Information and Communications Technology Regulations (published in the University Calendar and on the [University's website](#)).

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. 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.

StudyLink

If my fees are paid by a Government Student Loan through the Ministry of Social Development StudyLink service 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.

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 authorised Course Approvers. I acknowledge that my entitlement to receive any degree or other award is subject to ongoing checks that I have met all applicable requirements of the relevant programme.

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 authorised Course Approvers.

Privacy

I understand that the University of Otago will collect, store, use and disclose personal information about me in the course of conducting its proper business and that a unique identifier will be assigned to me to facilitate this. I have read and understand how such information will be managed and disclosed in accordance with the Privacy Act 1993,

and as outlined on the University website (<http://privacy.otago.ac.nz>). I acknowledge that I have the right to access and seek correction of personal information about me and understand that if I withhold information or provide false or misleading information my enrolment may be terminated. I understand that the University of Otago will collect, store, use and disclose personal information about me in the course of conducting its proper business and that a unique identifier will be assigned to me to facilitate this. I have read and understand how such information will be managed and disclosed in accordance with the Privacy Act 1993, and as outlined on the University website (<http://privacy.otago.ac.nz>). I acknowledge that I have the right to access and seek correction of personal information about me and understand that if I withhold information or provide false or misleading information my enrolment may be terminated.

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.

Communications from the University

Important information is sent out during the year to enrolled students. I understand that, in order to receive this, I must:

- a) keep my address details on e:Vision current, including the physical address I will be residing at while undertaking study at the University and any email redirections I have put in place on my student email; and
- b) check my student email and e:Vision portal at least once per week.

I agree to the University communicating on matters related to my enrolment, or relevant to membership of the University, via the contacts which I have provided or which I may, in the future, provide. I acknowledge such communications may include newsletters and similar material of general interest to members and friends of the University.

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 audio conferences.

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 undertake to comply with all relevant Immigration New Zealand requirements and understand that, unless I am entitled to be recognised as a domestic student, I must at all times hold:

- a) a current Visa or other permit authorising me to study in New Zealand; and
- b) appropriate and current medical and travel insurance while studying in New Zealand

I authorise the University and the Ministry of Business, Innovation and Employment (including Immigration New Zealand) to supply information about me to each other.

I authorise the University to share my personal information with any agent and/or sponsor I may specify in connection with my enrolment or prospective enrolment and with the insurer with whom I hold the required insurance referred to above. I acknowledge that this authority extends to the University providing my insurer with documentation and information relevant to any claim which may be made under my policy, including claims for costs of the services provided to me by Student Health Services.

Signature _____ **Date** _____ (dd/mm/yyyy)