

Application for Study Abroad

1. Applicant Details		
First name		
Middle name(s)		
Last name		
Date of birth		/(dd/mm/yyyy)
Gender		□ male □ female □
Country of Citizenship		
Ethnicity		
2. Program Information	□ Docholov /Ulod	organicato) = Mastar (Dastaraduato)
Study Abroad Level		ergraduate) Master (Postgraduate)
Start date		ebruary) 🗆 Trimester 2 (July)
Campus	☐ Hamilton	□ Tauranga
Duration	□ 1 Semester	□ 2 Semesters
3. Contact Details		
E-mail address		
Home phone		(+)
Mobile phone		(+)
Street name & number		
City		
Postcode		
Country		
4. Secondary Education (ie	. high school)	
Are you currently at secon		□ Yes □ No
Name of school		
Last year at school		
Qualification (Abitur/ FH-I	Reife/ etc.)	

5. Tertiary Educ	ation (ie. Uni	iversity, if ally)					
Are you currently enrolled in a tertiary institution?		□ Yes	□ No				
Degree program (Bachelor/Master/etc.)							
Name of program/study area							
Name of institu	ution						
Country							
Start date			/_		(mm	1/yyyy)	
Proposed end	date		/_		(mm	1/yyyy)	
Have you already completed another tertiary program? (if yes, complete below)			□ Yes	□ No			
Degree progra	m (Bachelor/	Master/etc.)					
Name of progr	am/study are	ea					
Name of instit	ution						
Country							
					,		
·		(mm/yyyy) f preference. If apple	End date	semesters	./ s, list un		mm/yyyy) second semester
5. Paper Selecti Please list <u>6 Pap</u> separate page Paper code		f preference. If apply		semesters	s, list un		
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7. Proficiency of All applicants are your high steps?	Paper name of Pa	f preference. If apply ne guage provide evidence o e? sufficient?	f their profic	iency in tl	ne Engli	its for s	Trimester uage.

8. Declaration and Signature

I declare that the information I have provided in this application and in any attached documentation is true and correct, and that I have not withheld any information which could have a bearing on my application, enrolment or the conditions of my enrolment. I agree to supply any further documentation requested by the University of Waikato for the purpose of my application or enrolment.

I have read the statement regarding the <u>Privacy Act 2020</u> and I understand that the University of Waikato will hold, use and disclose information which I have provided as explained in that statement.

I also understand that I have the right to have access to the information about me held by the University of Waikato and to request correction of that information, in the terms provided for under the Privacy Act 2020.

Some personal information will be used by the Ministry of Education in an authorised information matching programme for the purposes of the National Student Index.

Date	(dd/mm/yyyy)
	Date