Application Template & Checklist - Degree Study

for International Students

This is not an application form.

It is a template which assists you to gather information or eVision application submission.

PERSONAL DETAILS

Enter your full name in this section as shown on your passport or birth certificate.

Student Number (Office use only)		
	Study Location	
	Will you be living in New Zealand for the duration of your study?	
Title (Tick one) Mr Miss Ms Dr	Yes No	
Other (please specify)		
Family Name	Correspondence Address	
	Student Email Address	
Given Name(s)	Alternative Email Address (optional)	
	Address	
Preferred Given Name	7	
Previous Name(s) Original or witnessed evidence of name change must be attached.		
	State/Province	
Date of Birth	Postcode/zipcode	
Day Month Year		
Day Honun lear	Country	
Gender		
Male Female	Telephone ()	
	Mobile Telephone ()	
New Zealand National Student Number (NSN)		
If you have a NSN or NZQA number, please write it here.		
	 Disabilities Do you have an impairment, disability or long-term medical condition 	
Nationality (List countries where you hold Citizenship/Residence)	that affects your studies?	
Citizenship	_ Yes No	
	IfYes, please indicate your disability below:	
Residence Visa		



PROPOSED STUDY

I plan to begin coursework study in:	
Semester I (Feb - June) Semester 2 (July - Nov) Summer School (Jan - Feb)
Master's Thesis Commencement Date If you are applying for a thesis-only programme at master's levels, please supp	ly the approximate date on which you expect to begin your thesis research:
Intended Qualification The qualification I am applying for is:	
Name of Programme (eg Bachelor of Commerce, Master of Arts)	Major Subject (eg Finance, English)
1. 2.	
Intended Career	
What is your intended career?	
Will your chosen programme (above) assist you in meeting your career in	tention? () Yes () No
ENGLISH LANGUAGE COMPETENCE You will be required to provide evidence of your English language profic Is English your first language? Yes No Please attach evidence of your English proficiency.	iency if English is not your first language.
Test name	Result (
If you are yet to take a test, please indicate when results will be available:	
SECONDARY SCHOOL/HIGH SCHOOL/FOUNDATION S	\sim
Is secondary school/high school/foundation studies your highest level of stu- If yes, complete this section. If no, go to section 6. Please name the school where you are at present, or were last enrolled. School	udy? () Yes () No
Country	Last year enrolled
What is the highest level of achievement you hold from a secondary/high s NCEA Level 2, or you may have achieved an overseas qualification.	school? Your highest achievement may be a New Zealand award such as
Please specify:	
Are you completing the final year of a secondary/high school or foundatio	n qualification? () Yes () No
If yes, please indicate when the results will be available:	

PREVIOUS TERTIARY/UNIVERSITY LEVEL STUDY

Please list all universities you have attended and years of your enrolment.

Name of University/College	From	То

Please specify any tertiary qualifications obtained. (Original or witnessed evidence must be attached if not already provided.)

Qualification	Name of Tertiary Institution			
Are you sitting examinations this year?	s 🔘 No			
If yes, please indicate when results will be available				
Do you expect to complete your degree or diploma this year? Ye	s 🔘 No			
Are you seeking credit at Otago for previous tertiary studies? Ye	s 🔘 No			
Have you ever been suspended or excluded from any other New Zealand u	niversity?			
No Yes Name of university	Year			
RESEARCH EXPERIENCE Complete this section only if you are applyin	g for direct entry to a research/thesis programme at master's level.			
Are you applying for direct entry to a research/thesis only programme at master's level? O Yes O No				
If yes, please attach a curriculum vitae or personal statement which covers A	to D of this section. If no, please go to section 8.			
A. Research Proposal Please provide a research proposal including tentative	thesis title (please attach a typed proposal).			
You must discuss your research proposal with the relevant academic	department at Otago before submitting this application.			
Have you corresponded with an academic staff member about your proposal?				

If yes, please provide name:

B. Publications Please list any publications including titles of theses submitted.

C. Other Research Experience

D. Academic Referees

Please indicate the name, position, address (including phone, fax and email) of up to three referees the University may choose to consult.