

Application to enrol Study Abroad and Exchange

This application form is for students who are applying for Study Abroad and Exchange to the University of Waikato.

The definition of Study Abroad and Exchange for the purposes of this application form is:

You are currently enrolled in qualification in an overseas institution that you intend to complete that qualification crediting study done at the University of Waikato back to your current institution.

For all initial enquiries, contact the Student and Academic Services Division: email intladmin@waikato.ac.nz

STUDY ABROAD / EXCHANGE PARTNER	
Agency/Company/Institution with the Study Abroad/Exchange agreement:	
CITIZENSHIP	
Country of citizenship:	Verified copy of passport enclosed You need to provide evidence of your citizenship before completing your enrolment, please check the box to confirm you have enclosed a verified copy of your passport.
MY DETAILS	
Legal first name:	Legal second name:
Legal family name / surname:	Preferred name:
Date of birth:	Gender:
Address Number and street:	Suburb:
City / Town:	Postcode:
Country:	
Phone number:	Mobile number:
Email:	
AUTHORISED AGENCY / INSTITUTION CONTACT DETAILS Contact Name: COLLEGE	, Phone:
Email: CONTACT.COM	
College Contact GmbH Hammer Str. 39, 48153 Muenster, Germany Phone: +49 - 251 - 149 893 50	
EMERGENCY CONTACT DETAILS Web: www.college-contact.com	Facility desires / company
Address	Family name / surname:
Number and street:	Suburb:
City / Town:	Postcode:
Country:	
Phone number:	Mobile number:
Email:	
MY EDUCATION	
Degree Major / Subject:	☐ Verified copy of academic record enclosed

MY S	TUDY INTENTIONS			
l am	seeking admission for individual paper credits wh	hich I plan to credit transfer bac	k to my home institution for (please tick appropriate option):	
0	I am applying as a Study Abroad applicant	O I am applying as an Exc	hange applicant	
0	1 semester February to June	O 1 semester July to Nov	ember	
0	2 semesters February to November	O 2 semesters July to Jun	e	
The y	year I intend to enrol is:			
Pape	rs (please refer to the paper selection forms):			
STUI	DENTS WITH DISABILITIES			
Do y	ou live with the long term effects of disability or	r injury? O Y O N		
If yes	s, you must complete and return the Disability St	upport Registration form availab	le at www.waikato.ac.nz/disability	
DECI	ARATION			
	lare that the information I have provided in this a mation which could have a bearing on my enrolr		documentation is true and correct, and that I have not withheld any rolment.	
l agre	ee to supply any further documentation requeste	ed by the University of Waikato	for the purpose of my enrolment.	
of Wa	aikato will hold, use and disclose information wh	nich I have provided as explained	or www.waikato.ac.nz/go/privacy1993) and I understand that the Universition that statement. I also understand that I have the right to have access to that information, in the terms provided for under the Privacy Act 1993.	ty
	acknowledge that, some personal information v National Student Index.	will be used by the Ministry of E	ducation in an authorised information matching programme for the purposes	of
Signa	iture:		Date:	
CHE	CK LIST			
Pleas	e confirm that you have:			
	Signed the declaration			
	Provided a verified copy of your passport			
	Provided a verified copy of your academic reco	ord		
A ver	t is a verified copy? ified copy is a photocopied document signed by hool principal.	someone of suitable standing s	uch as a Justice of the Peace, solicitor, barrister, court registrar,	