

# UNIVERSITY OF OTAGO LANGUAGE CENTRE AND FOUNDATION YEAR **APPLICATION FORM**

Please type or write clearly and complete all relevant sections.

SECTION TA: STUDENT DETAILS								
Family Name (as in passport):		Given Name (as in passport):						
Middle Name:		Preferred Name:						
Date of Birth (dd/mm/yyyy):		Gender: O Male O Female						
UOLCFY Student Reference Nu	umber (if previously or currently a student at U	OLCFY):						
Nationality/Birth Country (as in p	passport):	Current Citizenship:						
or Permanent Resident:	New Zealand O Australia	Iwi Affiliation (if applicable):						
Scholarship Provider (if applicable)	:							
Medical Conditions (e.g. allergies, dyslexia, asthma, etc.) Please provide details:								
SECTION I B: CONTACT DETAILS								
Home Address 1:								
Home Address 2:	Home Address 2:							
Suburb:								
City:		State/Province:						
Postcode:	Country:							
Home Phone:		Mobile:						
Email (this is COMPULSORY as it is ou	r primary way of contacting you. Please provide a	valid and accurate email address):						

SECTION IC: AGENT DETAILS (if applicable)			
Company Name:	Agent Name:		
Address:			
City:	Country:		
Phone Number (include country and area code):			
Email:			
Company Stamp:			

## SECTION 2: COURSE SELECTION AND QUALIFICATIONS

(If selecting more than one, please ensure that course dates do not overlap)

#### SECTION 2A: ENGLISH LANGUAGE STUDIES

### Intended Course:

- General English
- O English for Academic Purposes (only available once a year)
- C English for Otago Undergraduate (February and October intakes only)

#### English for Otago – Postgraduate (February and October intakes only)

EFO offers a pathway for international students to meet the English Language Requirements for undergraduate or postgraduate study. For questions regarding admission to a programme at Otago, contact the International Admissions Office international.admissions@otago.ac.nz.

Study Duration (for more details visi	t www.ot	ago.ac.nz/uolcfy/dates_fees/dates_	_fees.htm)									
Start Date (dd/mm/yyyy):	End Date (dd/mm/yyyy):											
Number of Weeks:	Part time	○ 8 hours p/w	$\bigcirc$ I	5 hours p/w								
Student Group Name (if applicable	e):											
SECTION 2B: BRIDGING P	ROGI	RAMME & FOUNDAT		ou may be required to complete	e the Bridging P	rogramme prior to Foundation Year)						
I will enrol in the Bridging Prog	ramme	e if it is a requirement for	· me:	0	Yes	O No						
I will enrol in the Bridging Prog	nyway:	0	Yes	() No								
Intended Year:												
Intake I:	O Bridging Programme (January) + Foundation Year (February)											
	0	Foundation Year only										
Intake 2:	0	) Bridging Programme (April) + Foundation Year (June)										
	0	Foundation Year only										
Intake 3: (Health Science not offered in Intake 3)	0	Bridging Programme (August) + Foundation Year (October)										
	0	Foundation Year only										
Intended Study Stream:	0	Arts										
	$\bigcirc$	Commerce										
	$\bigcirc$	Applied Science										
	$\bigcirc$	Life Science										
	$\bigcirc$	Health Science (not offered in Intake 3)										
Intended University:												
Intended Degree (e.g. BCom):			Intended Ma	ajor (e.g. Finance):								

SECTION 2C: PREVIOUS QUALIFICATIONS (Please attach relevant academic transcript and English test)

English Language Proficiency if available and applying for EFO or Foundation Year. (TRF Number):

Secondary or Tertiary Study (if applying for Foundation Year):

NSN (NZ only):

Please attach relevant transcripts and documents to your application.

	SECTION 3: HOMESTAY ACCOMMODATION	(If applicable – COMPULSORY for international students under 18 years old)	
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Minimum	first booking	duration	20011200	Contro -	8 wks (	56 nie	thts or le	noth o	fcourse	if loss than	8 wooks)	• Fo	undation `	Year and all	other	students .	4 wks	(28 nig	htc)
willing	III SC DOOKINg	g durución: L	anguage	Centre -	0 WKS (	20 1112	gints of the	ingui O	i course	ii iess uiai	I O WEEKS)	- FO	unuation	iear and an	oulei	students -		(ZO IIIg	iics)

SECTION 3A: INTENDED DURATION - Booker	d Homestay fees must be paid in full prior to placement				
Number of Nights:	Intended First Night in Homestay (dd/mm/yyyy):				
SECTION 3B: DUNEDIN ARRIVAL DETAILS (if knc	nwa na				
Flight Number: D	Date (dd/mm/yyyy): Time:				
Location (e.g. airport, bus station):					
SECTION 3C: HOMESTAY PREFERENCES					
Food Requirements: O Halal O Veg	getarian Other (please specify):				
Religious Beliefs and Practices (if applicable, please specify):					
Hobbies and Interests (please specify) :					
Do you smoke? O Yes O No Would	d you live with smokers? O Yes O No O No Preference				
Hosts: Younger adults with no children:	○ Yes ○ No ○ No Preference				
Older adults with no children:	○ Yes ○ No ○ No Preference				
Family with young children:	○ Yes ○ No ○ No Preference				
Family with older children:     Yes     No     Preference					
Studying at: Canguage Centre Foundation	Year O University of Otago O Other:				
Medical Conditions (e.g. asthma, allergies etc). Please provide detai					
SECTION 4A: PARENT/LEGAL GUARDIAN CO	NSENT FOR INTERNATIONAL STUDENTS UNDER 18 YEARS OLD				
If your child requires urgent medical attention and need does the host family/staff have authority to act on your (Please read the parental consent conditions for international students u					
I have read, understood and fully accept the parent cons	sent conditions. O Yes O No				
Parent/Legal Guardian's Signature:	Date (dd/mm/yyyy):				
SECTION 4B: STUDENT'S DECLARATION					
<ul> <li>I agree that all disputes be dealt with in accordance with New Z</li> <li>I understand that the University of Otago and University of Ota or enrolment made on the basis of incorrect or incomplete info</li> <li>I will inform the University of Otago Foundation Studies Ltd if the University Foundation Studies Ltd if the University Foundation Studies Foundation Studies Ltd if the University Foundation Studies Fou</li></ul>	Iment, policies, procedures and regulations of the University of Otago Foundation Studies Ltd. Icealand law. Igo Foundation Studies Ltd reserve the right to vary or reverse any decision regarding admission irmation that I have provided.				

• any purposes related to the education or well-being of the student concerned, both before, during and after the student's admission.

- purposes external to the University when the information is in statistical form or when the University reasonably believes it is not to the student's disadvantage for such external use to occur, and also where disclosure is required or permitted in accordance with the provisions of the Privacy Act 1993.
- I authorise University of Otago Foundation Studies Ltd to release to the student, parents, legal guardian and/or scholarship provider of the student any information about the student which it creates or receives in the course of the student's enrolment with University of Otago Foundation Studies Ltd, including course results and personal information relating to the student's well-being.

Student's Signature:

Date (dd/mm/yyyy):