



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

Attach a colour, passport-sized photo (45 x35mm) here using a paper clip. **DO NOT glue or staple.**

1. Agent Details

I hereby nominate the below Agent to submit this application to Auckland University of Technology on my behalf including all necessary documents, and to act as my representative for all future correspondence.

Name of agent	GOzealand!
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Hamburg <input type="checkbox"/> Berlin <input type="checkbox"/> Dortmund

2. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Gender	<input type="checkbox"/> male <input type="checkbox"/> female
First name	
Middle name(s)	
Last name	
Preferred first name	
Have you been known by any other names (maiden name)?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Passport number	
Citizenship	
Ethnicity	
Date of birth	___/___/_____ (dd/mm/yyyy)
Country of Birth	

3. Contact Details

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

4. Emergency Contact Details (person to be contacted in case of an Emergency)

Name	
Relationship (parent, friend, relative)	
Phone Number	(+_____)

5. Study Abroad Program Information

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

6. Secondary Education

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

7. Tertiary Education

Are you currently enrolled in a tertiary institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of institution	
Start date	___/___/_____ (dd/mm/yyyy)
Proposed end date	___/___/_____ (dd/mm/yyyy)
Degree program (Bachelor/Master/etc.)	
Name of program	
Have you already completed another tertiary program? (if yes, please fill in below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of institution	
Start date	___/___/_____ (dd/mm/yyyy)
End date	___/___/_____ (dd/mm/yyyy)
Degree program (Bachelor/Master/etc.)	
Name of program	

8. Employment History

Do you have any relevant employment history?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please attach CV)
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9. English Language Qualification

All applicants are required to provide evidence of their proficiency in the English language.

What is your first language?	
Have the last two years of your education been conducted entirely in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sat an English language test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which test?	
Test date	___/___/_____ (dd/mm/yyyy)
Test result	

10. Disability Information

Do you live with the effects of a mental health condition, learning disability, long-term medical condition, or other disability or impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____ _____
Do you need some form of assistance from Disability Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Additional Information

How did you hear about AUT?	
Do you receive/have you applied for a scholarship?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____ _____

12. Declaration

By choosing to submit the application you are acknowledging the following declaration on behalf of the applicant. NB. Online applications by agents are not available for applicants under the age of 18 years as a parent/guardian authorisation is required.

a. I agree to abide by the statutes, regulations and policies of the Auckland University of Technology ("the University").

b. I declare that the information I have supplied on this form and any attached documentation to be true and complete and that I have personally completed the form and am the sole author of the student statement and resume. I have not withheld information which could have a bearing on my enrolment or the conditions of my enrolment. I acknowledge that the University may suspend or terminate my enrolment if false information has been supplied or required information is not supplied by the due date. The University reserves the right to inform all other New Zealand Universities, Immigration New Zealand, and the Police, of such cases, including the student's name and date of birth.

c. I understand that all documents submitted with this application become the property of the University and will not be returned to applicants. I agree to supply further documentation requested by the University for the purpose of my enrolment.

d. I understand that AUT University 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 and in the University Calendar. 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.

e. I authorise the University to release information regarding my application to Immigration New Zealand (INZ) and the Department of Labour where the University considers the information relevant to my immigration status.

f. I authorise any agency holding the source of any information I have provided on this form to release that information to the University upon request.

g. I have read and understood the University refund policy for International students.

h. I am aware of the tuition and living costs associated with studying in the programme and I am able to meet all expenses for the duration of my study. I understand that if I am unable to meet the costs, the University and New Zealand Government will not be expected to help me.

i. I understand that the University may contact me via email, text messages, phone or by post for communications regarding my enrolment, or student services at the University.

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

CONSENT TO SUBMIT APPLICATION TO AUCKLAND UNIVERSITY OF TECHNOLOGY AGENT AUTHORISATION FORM

Auckland University of Technology (AUT) has a tool called AgentOnline (AoL) which allows agents to submit applications on a student's behalf. AoL enables agencies that are acting on behalf of students to access information for the purpose of advising, submitting, and tracking the progress of student applications.

AUT requires written authorisation **signed by the student** before an agency can act on their behalf.

AUT reserves the right to ask all agents to produce this signed form if any dispute arises around the consent a student gives to allow the agency to represent them.

Agency Details

Name of agency:

Student Details

Name:

Date of Birth:

Email address:

Authorisation

I, the student, authorise the above Agency and any designated employees acting on their behalf to submit an application to AUT, and access updates to my application process through AgentOnline. I understand that access by the Agency to my application will be solely for the purpose of advising, submitting and tracking progress of my application to AUT, and the Agency will not disclose any information in my application to another person without my written permission. I understand I can work with one Agency for the duration of my application, I may not change Agencies without just cause.

I confirm to AUT that I will allow the Agency to act on my behalf for the duration of the application process. I understand that I may withdraw consent to the Agent having access to my application(s) at any time by notifying the Agent and AUT in writing with just cause.

Student's signature:

Date :

Parent's/guardian's signature:
(if students are under the age of 18 years only)

Date :