



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

1. Agent Details

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

| | |
|---------------|--|
| Name of agent | GOstralia!-GOmerica! |
| Office | <input type="checkbox"/> Stuttgart <input type="checkbox"/> Köln <input type="checkbox"/> Hamburg/Berlin <input type="checkbox"/> Dortmund |

2. Personal Details

| | |
|----------------------|--|
| Email address | |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx |
| First name | |
| Last name | |
| Middle name(s) | |
| Preferred first name | |
| Date of birth | ____/____/____ (dd/mm/yyyy) |
| Country of Birth | |
| Gender | <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____ |
| Citizenship | |

3. Contact Details

| | |
|--|---------|
| Country | |
| Street name & number | |
| State | |
| City | |
| Postcode | |
| Contact phone number | (+____) |
| Ethnicity (ie. European, Maori, Hispanic, ...) | |

4. Study Abroad Program Information

| | |
|---------------------|--|
| Study Level | <input type="checkbox"/> Undergraduate (Bachelor) <input type="checkbox"/> Postgraduate (Master) |
| Proposed start date | <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20____ |
| Proposed duration | <input type="checkbox"/> 1 Semester <input type="checkbox"/> 2 Semesters |

5. Previous Education

| | |
|--|--|
| Was the last secondary/high school the student studied at in New Zealand? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In what year will you/did you finish high school? | |
| Have you previously been enrolled in a tertiary program? (ie. University, FH, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In what year were you first enrolled in a tertiary program? (ie. University, FH, etc.) | |

6. Tertiary Education Details

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

7. English Language Qualification

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

| | |
|--|--|
| What is your first language? | |
| Have you sat an English language test? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, which test? | |
| Test result | |
| Test date | ____/____/____ (dd/mm/yyyy) |

8. Declaration and Submit

Privacy of Personal Information - Students (Summary)

Lincoln University collects, stores, uses and discloses personal information relating to students in accordance with the Privacy Act 2020 for the purpose of conducting its proper business. A unique identifier is assigned to each student. Personal information is disclosed to other agencies as required under the Education and Training Act 2020 and other relevant New Zealand laws, regulations, and contractual agreements by which the University is bound. Students have the right to access and seek correction of their personal information. More information on this University's protection of the privacy of personal information is available at <http://www.lincoln.ac.nz/privacy> and in the University Calendar.

Student Declaration

I understand that Lincoln 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 2020 and as outlined on the University website <http://www.lincoln.ac.nz/privacy> 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.

For International Students only:

By providing my contact information, I agree to that information being provided by the University to its education agents for the purpose of assisting in the application and enrolment process.

Signature _____ Date _____ (dd/mm/yy)



Application for On-Campus Accommodation

(only to be completed if you are applying for University on-campus accommodation)

Accommodation Fees

All applicants will be required to pay a deposit within a specified date of receiving an offer of Campus Accommodation. Those that accept their offer and pay their deposit first will be roomed first.

For more information about living on campus and fees [click here](#).

If the student requires a family house please contact Accommodation Services accomm@lincoln.ac.nz.

1. Accommodation Preferences

| | |
|---|--|
| In which semester would you like your accommodation contract to start | <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____ |
| In which semester would you like your accommodation contract to end | <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____ |
| Which accommodation type would you like to apply for? | <input type="checkbox"/> self-catered <input type="checkbox"/> fully-catered |
| Please list your 3 hall/flat preferences (Note: preference cannot be guaranteed) | 1. _____ 2. _____ 3. _____ |
| Would you like to live in a same gender hall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like to live in an alcohol-free area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like to live with others of similar age? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Personal Conditions

| | |
|---|---|
| Do you have special medical conditions? | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| Do you have any medications you take regularly? | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| Do you have any disabilities? | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| Do you have any dietary requirements? | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |

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

| | |
|---|----------|
| Given Name | |
| Family Name | |
| Relationship (parent, friend, relative) | |
| Country | |
| Street name & number | |
| State | |
| City | |
| Postcode | |
| Contact phone number | (+_____) |
| Contact email address | |