



1. Agent Details

I hereby nominate the below Agent to submit this application to University of Waikato 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"/> Koeln <input type="checkbox"/> Berlin/Hamburg <input type="checkbox"/> Dortmund

2. Program Information

Program name	
Specialization (if applicable)	
Program code	
Start date	<input type="checkbox"/> Semester 1 (February) <input type="checkbox"/> Semester 2 (July) <input type="checkbox"/> Other: _____
Campus	<input type="checkbox"/> Hamilton <input type="checkbox"/> Tauranga
Program (2 nd preference)	

3. Applicant Details

Family name	
Given name	
Middle name(s)	
Date of birth	___/___/_____ (dd/mm/yyyy)
Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Country of Citizenship	
Ethnicity	

3. Contact Details

E-mail address	
Home phone	(+___)
Mobile phone	(+___)
Street name & number State	
City	
Postcode	
Country	

4. Secondary Education (ie. high school)

Are you currently at secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school	
Last year at school	
Qualification (Abitur/ FH-Reife/ etc.)	

5. Tertiary Education (ie. University, if any)

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

6. Proficiency of English Language

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

Is English your first language?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you sat/will you sit an English language test?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, which test?		
Test date	____ / ____ / _____ (dd/mm/yyyy)	
Test score (if available)		

7. Declaration and Signature

I declare that the information I have provided in this application and in any attached documentation is true and correct, and that I have not withheld any information which could have a bearing on my application, enrolment or the conditions of my enrolment. I agree to supply any further documentation requested by the University of Waikato for the purpose of my application or enrolment.

I have read the statement regarding the Privacy Act 1993 and I understand that the University of Waikato will hold, use and disclose information which I have provided as explained in that statement.

I also understand that I have the right to have access to the information about me held by the University of Waikato and to request correction of that information, in the terms provided for under the Privacy Act 1993.

Some personal information will be used by the Ministry of Education in an authorised information matching programme for the purposes of the National Student Index.

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