

Lincoln University Overseas Exchange Programme Application



New Zealand's specialist land-based university

Applying for a semester overseas is a two-step process. First you will need to complete this LincOE application form. If you are accepted and nominated to the university of your choice, you will then need to complete the host university's application form.

It is your responsibility to ensure that you have researched your university choices. This includes making sure there are enough suitable courses available so that your choice would be a viable destination for you. Check if there are any pre-requisites or restrictions.

You will need to confirm with your course advisor that you will still meet the degree requirements for your course and any major/minor(s) should your exchange application be approved.

An academic advisor will determine what transfer of credit you will be eligible for.

Please complete this form and return it to the Student Administrator – Study Abroad and Exchange with the following:

Two References

You must provide one favourable academic and one character reference. The academic referee must be a lecturer or tutor at Lincoln University. The character referee must know you well enough to attest to your level of maturity and your ability to adjust well to another country and its culture.

Personal Statement

Please write a personal statement about yourself, including your future education and career aspirations. Mention what you hope to gain from your experience abroad and how those experiences will enhance your plans for the future.

Medical Certificate/Confirmation of Good Health

A note from your doctor or Student Health Centre stating that you are currently fit and well and noting any ongoing health issues you may have that we should know about.

Course Advice

Course Approval Form signed by Course Advisor and Faculty (Academic Manager Students).

A Personal information

Family name: _____

Given name: _____

LU Student ID: _____

Degree enrolled in: _____

Major: _____

University applied for: _____

University of California: _____

If you are applying for the University of California, you must select three from the list below:

UC Berkeley, UC Davis, UC Irvine, UCLA, UC Riverside, UC San Diego, UC Santa Barbara, UC Santa Cruz

Length of overseas study (1 or 2 semesters): _____ Commencing (month/year) _____

Postal address: _____

City: _____ Postcode: _____

Phone number: _____ Email (Lincoln): _____

Country of citizenship: _____ Email (alternative): _____

Date of birth: _____ Country of birth: _____

Are you currently an International Student: Yes No

Are you in receipt of StudyLink loans and/or allowances? Yes No

B Emergency contact information

Name: _____

Country (if not in NZ): _____

Address: _____

City: _____ Postcode: _____

Phone number: _____ Email: _____

C Medical information

List any serious illness or hospitalisation you have had in the past three years. Indicate any physical condition, allergies or chronic ailment which might in any way limit your participation in the programme.

D Criminal convictions

Have you ever been convicted of a criminal offence either in New Zealand or overseas? (Includes serious driving offences).

Yes No If stated yes, please provide details:

E Budget details

It is important to plan a budget for your exchange. How do you plan to finance your LincOE and how much will you need?

Information on estimated costs of living can be found on the host university website.

Estimated costs (NZ\$)	_____	Funding (NZ\$)	_____
Fees	\$ _____	Personal savings	\$ _____
Flight	\$ _____	Student loans/Allowances	\$ _____
Accommodation	\$ _____	Scholarships	\$ _____
Health & Travel insurance	\$ _____	Parental support	\$ _____
Living expenses	\$ _____		
Visas/Permits	\$ _____		
Other	\$ _____		

F To finish

I agree to participate in the promotion of the Lincoln University Overseas Exchange Programme. In terms of the Privacy Act the information you are supplying will be used only for the purposes of assessing your eligibility for admission to the programme you have expressed interest in.

I shall upon my return write an evaluation on my experience.

I understand that my participation in the LincOE programme is contingent upon the maintenance of my current academic performance, upon my ability to support myself financially, and upon my acceptance into the programme by both Lincoln University and the Host University.

I agree that my name and email address can be passed to other students (both at Lincoln University and partner universities) taking part in the Lincoln University Overseas Exchange Programme.

Yes No

Your signature: _____ **Date:** _____

How did you first hear about the LincOE programme?

Include: Personal statement, letters of recommendation, medical certificate, course advisor approval.

Passport reminder

If you don't already have a passport, start working on your application now.

Course Planner

Course: _____ Major: _____

Please complete this course planner with your Course Advisor to ensure that you will still meet the requirements of your degree and any major/minor(s) should your application to study overseas be approved.

Please indicate which semester will be your overseas semester.

Year One

Semester One			Semester Two		
Subject	Timetable Block	Prerequisites	Subject	Timetable Block	Prerequisites

Year Two

Semester One			Semester Two		
Subject	Timetable Block	Prerequisites	Subject	Timetable Block	Prerequisites

Year Three

Semester One			Semester Two		
Subject	Timetable Block	Prerequisites	Subject	Timetable Block	Prerequisites

Year Four (eg BLA, BAgSci)

Semester One			Semester Two		
Subject	Timetable Block	Prerequisites	Subject	Timetable Block	Prerequisites

Signed by Course Advisor _____ Date: _____

Notes: _____

Course Approval Form

To facilitate this assessment of cross-credits please complete the following table.

Name: _____ Lincoln Degree: _____

Exchange Institution: _____ Dates for Exchange: _____

Host University course code and title	Level at host university	Credit value at host university	Prerequisite (if applicable)	Detailed course outline provided?	Lincoln course code and title	Year/Level Lincoln University	Credit value	Department approval (Name and signature)	Date

Course Advisor Approval

Name: _____ Position: _____ Signature: _____ Date: _____

Comment: _____

Faculty Approval (Academic Manager Students) Signature: _____