

Application for Admission to Undergraduate or Pre-degree Study



For International Students

A Personal Information

Title: Mr Miss Ms Mrs Other

Legal Family Name

Given Name/s

Date of Birth / / Female Male
Day Month Year

Country of Birth (as stated on passport)

Country of Citizenship

Postal Address (for correspondence relating to this application)

Country

Telephone

Country Code Area Code Phone Number

Email

Preferred Given Name

Permanent Address in Home Country
(If different from Postal Address)

Country

Telephone

Country Code Area Code Phone Number

Mobile

Facsimile

Country Code Area Code Phone Number

B Study Information

Have you studied at Lincoln University before? No Yes, student ID (if known)

Preferred Level of Study:

- Pre-degree (eg. Certificate of Foundation Studies)
- Undergraduate (Bachelor degree, Diploma)
- Graduate Diploma/Graduate Certificate
- Study Abroad / Exchange Programme (Applicants should discuss this application with their 'home' institution before submitting.)

Which degree/qualification is this application for?

Degree/Qualification Major

When do you intend to begin your studies? Year

- Semester 1 (February - June)
 - Semester 2 (July - November)
 - Summer Semester (November - February) - Certificate of Foundation Studies/Certificate in University Preparation only
 - Summer School (November / December)
 - Summer School (January / February)
- } A limited number of undergraduate degree courses are offered during these Summer School Programmes, and are normally suitable for returning students.

C Academic Background

Please provide details and official documentation of academic results for completed previous study.

High School / Secondary School / Foundation Study

Name of School	Country	Qualification Achieved	Year Started	Year Finished

Tertiary Study (if applicable)

Name of School	Country	Qualification Achieved	Year Started	Year Finished



Are you currently waiting on results of study? No Yes → Please provide details below.

Date when results are due:

Are you seeking to transfer credit from previous study? No Yes - Official or certified true copies of academic transcripts and course outlines will be required for an assessment.

D English Proficiency

All students are required to meet the University's English language requirements.

Is English your first language? Yes No - Please complete details of English language tests you have taken.

Test Type eg IELTS, TOEFL	Score Details	Date Taken

Do you wish to study an English language course at Lincoln University before beginning your academic programme?

No Yes - Please send me an offer letter confirming a place in Lincoln's English Language School. Minimum 12-week courses must be taken prior to the start of the academic programme. For more information visit www.lincoln.ac.nz/english

If yes, in which month/year would you like to start: (Month) (year)

E Agent

This application is submitted on behalf of the applicant, by an approved agent of Lincoln University.

<input type="text"/>	Lincoln University Agent ID# <input type="text"/>
	Agent Email <input type="text"/>
	Agent Signature <input type="text"/>

Agent Stamp

F Checklist

All applicants must supply certified true copies of documents listed here. If not in the English language they must be accompanied by a translation from a reputable translation service.

- All academic transcripts relevant to your application - certified copies
- English language test (original test scores should be sent by the testing centre to Lincoln University. Lincoln University's institution code for TOEFL tests is 9479)
- Birth certificate or passport - a certified copy
- Course outlines (if applying for admission with credit to an undergraduate programme)
- Other (please list) _____

G Declaration

- I declare that to the best of my knowledge the information supplied above is correct and complete. I acknowledge that the provision of incomplete, misleading or fraudulent information may lead to the review of any decision made in respect of this application.
- I declare that the application may be used for purposes relating to my enrolment as a student by members of the academic and administrative staff of Lincoln University or of any other tertiary institution in New Zealand or Australia to which I may subsequently transfer.
- I declare that the application may also be used for purposes external to the University when it is in statistical form or when it is not to my disadvantage, and also where disclosure is required to comply with the provisions of the Privacy Act 1993 (New Zealand only).
- I declare that I have the right to see and correct if necessary the information I have provided.
- I declare that if this application is submitted through an agent of the University the outcome of the application will be communicated to the agent unless I state otherwise.
- I declare that my enrolment cannot proceed without my consent to the foregoing conditions.
- I have read and understood the terms and conditions of the Lincoln University International Student Refund Policy.

Applicant's signature:

Date:

(day/month/year)

Please send to:

Student Services, Freepost 36, PO Box 84, Lincoln University, Lincoln 7647, Christchurch, New Zealand

Telephone: +64 3 325 2811, Fax: +64 3 325 3850