Application to study English Language



A Study Information

Have you applied to study at Lincoln University before?							
	No	Yes					
If yes, name the degree/diploma/cert to study:	ificate you	applied					
When do you intend to begin your English Language studies?	Month	Year					

Which programme are you ap	plying	tor?
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English for Academic Purposes (EAP)

How many weeks do you intend to study? (minimum study period is 12 weeks)

Graduate Certificate in Academic English (16 weeks)

My agent ID#:

Agent company:

Would you like to be sent information about accommodation? No Yes

B Personal Information

We need the following personal information to register your application to study.

Title:	Mr	Miss	Ms	Mrs	Other	Postal address (for correspondence relating to this application):				
Family	name:									
First na	ames:									
Preferred given name:				Country:						
Date o	f birth:	Day Mor	/ nth Ye	(Mi	nimum age is 18 years)	Telephone:	country code	area code	phone number	
Gende	er: I	- emale	Male	Э		Mobile:				
Country of birth (as stated on passport):			Email:							
Counti	ry of cit	izenship:								

C Checklist

Please provide copies of the following documents with your application:

Birth certificate or passport (the personal details page).

English language test result - if available.

Degree certificate and academic transcripts - only if applying for the Graduate Certificate in Academic English (GCAE).

D 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 or misleading information may lead to the review of any decision made in respect of this application
- 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
- 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 for this to be done, and also where disclosure is required to comply with the provisions of the Privacy Act 1993 (New Zealand only).

I understand that:

- I have the right to see and correct if necessary the information I have provided
- My enrolment cannot proceed without my consent to the foregoing conditions.

Dates for submission: English Language Programme applications will be accepted at any time. English classes commence every month.

Applicant's signature:

Date: day/month/year

Please return by post or email to: