

Welcome to UCOL, the Universal College of Learning, a polytechnic established under the Education Act 1989.

This Admission and Enrolment Form is for **domestic students only**.

You must read the attached Admission and Enrolment Guide before you complete this Admission and Enrolment Form as important terms and conditions of your admission and enrolment are in the guide and on this form. Should you need any further help please contact us on **0800 46 8265** or email **enquiry@ucol.ac.nz**

New Students: Please complete all sections

Re-Enrolling Students: Please complete sections 1, 2, 10 and 12 if you are continuing in the same programme, unless anything has changed. If changed then please complete the relevant section as well.

1 PERSONAL INFORMATION

Have you previously enrolled at UCOL, Manawatu Polytechnic, Wanganui Regional Community Polytechnic or Wairarapa Community Polytechnic before?

Yes No

If Yes, your Student ID

National Student Index (NSI) Number (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Legal First Name(s)

Legal Surname

Preferred Name(s)

If you have previously enrolled at UCOL, Manawatu Polytechnic, Wanganui Regional Community Polytechnic or Wairarapa Community Polytechnic under a different name, what was that name?

Gender: Male Female

Date of Birth:

Day Month Year

Title: Mr Ms Mrs Miss

Other, please specify

Citizenship & Residency Status:

- New Zealand Citizen
 Australian Citizen
 New Zealand Permanent Resident
 Other, please specify

Please supply us with current contact information so that we can keep you informed of your application status.

Home Phone ()

Work Phone ()

Mobile

Email

Fax ()

Preferred contact method:

- Postal Email Text (mobile)

During your time studying at UCOL, will you be living in New Zealand or overseas?

- New Zealand Overseas

Residential Address While Studying at UCOL

Street Address
Suburb
Town/City
Postcode

Residential Address Before Studying at UCOL

Street Address
Suburb
Town/City
Postcode

Emergency Contact Person:

Full Name
Phone
Relationship to you

2 QUALIFICATIONS/PAPERS

Please write the full name of the qualification you are applying for:

FOR OFFICE USE ONLY

Conversation date: / /

Admission level approved: / /

Enrolment completed: / /

2 QUALIFICATIONS/PAPERS

Continued

Papers / Electives if applicable:

Paper No.	Paper / Elective Name	Start Date

Please complete all questions in this section.Do you intend to study Full time Part timeIn what year will you commence studying?

Which semester will you start in?

 One Two Other

Which UCOL campus will you be studying at?

 Palmerston North Whanganui Wairarapa Online Other

Do you intend applying for Recognition of Prior Learning (RPL)?

 Yes No

If yes, please complete and submit an RPL Application Form available from UCOL's Information Centres.

Do you expect to complete your qualification this year?

 Yes No**4 SECONDARY SCHOOL EDUCATION**

Name of last secondary school attended:

Which years did you study from at your last secondary school? to

What is the highest level of achievement you hold from a secondary school? (Please tick one box only)

- No formal secondary qualification
 14 or more credits at any level
 NCEA Level 1 or School Certificate
 NCEA Level 2 or Sixth Form Certificate
 University Entrance
 NCEA Level 3 or Bursary or Scholarship
 Overseas qualification (includes International Baccalaureate and Cambridge Exams)
 Other - specify

You MUST provide a verified copy of your NCEA/NZQA results.**5 TERTIARY STUDY**

Will this be your first year of tertiary study?

 Yes No

If no, please enter the name of the tertiary institute you last studied at?

What was the first year of your enrolment?

What qualification did you achieve?

3 ADMISSION INFORMATION

UCOL may require further information to make an admission decision, Please refer to the UCOL Admission Guide.

1. Please tell us why you want to study at UCOL, including any reasons that will help to support your application.

Please continue on a separate sheet if necessary

2. Please attach a copy of your CV that gives details of any relevant work, industry, life experience in support of your application.**OR if a CV is not available****3. List your employment or other relevant history e.g voluntary work or training (if any) within the last five years.**

UCOL may require further information to make an admission decision. You may attach extra information to support your application

6 ETHNICITY

What ethnic group(s) do you belong to?

You may tick up to 3 boxes.

- | | |
|--|---|
| <input type="checkbox"/> European/Pakeha or NZ European | |
| <input type="checkbox"/> NZ Maori (Please see Iwi below) | |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Other European |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Sri Lanken |
| <input type="checkbox"/> Tokelauen | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Other Pacific people | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> British/Irish | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Other Southeast Asian |
| <input type="checkbox"/> Greek | <input type="checkbox"/> African |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Latin America |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> South Slav | <input type="checkbox"/> Other <input type="text"/> |

If you identified as New Zealand Maori, please specify Iwi

7 PRIOR ACTIVITY

What was your main activity or occupation in New Zealand on the 1st October prior to the date of your programme starting?

Please tick only one box.

- Secondary School student
- Self-employed
- Private Training Establishment student
- Non-employed or beneficiary (excluding retired)
- University student
- House-person or retired
- Overseas - specify:
- Wage or salary worker
- Polytechnic/Institute of Technology student
- Wananga student

8 DISABILITY DETAILS

Do you live with the effects of an injury, long-term illness or impairment? Yes No

If yes, please indicate your condition/disability by ticking the boxes that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Specific learning disability |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Psychological/ | <input type="checkbox"/> Vision impaired |
| Psychiatric disability | |

Medical - specify:

Other - specify:

Additional Support is available for students with medical conditions, disabilities and/or learning difficulties.

9 IRD NUMBER

Inland Revenue Department (IRD) Number:

10 FEES

If UCOL confirms your enrolment in writing you must pay **ALL** fees tuition fees as set by UCOL, Student Services Levy, paper costs and Student Association fees (if any) in full prior to the start date of your programme of study. If any fees are unpaid on the first day of teaching UCOL reserves the right to cancel your enrolment by letter to you.

Even if you do not participate in the papers you are still liable to pay all fees to UCOL, unless UCOL receives your completed signed Change of Details/Circumstances Form within the relevant Refund Period.

How do you intend to pay your fees? (please tick one)

- Cheque EFTPOS Cash Direct Credit

Student Loan

Apply directly to StudyLink on 0800 88 99 00 or www.studylink.govt.nz If your loan application is not approved by StudyLink you are still liable for all fees invoiced to you. I authorise UCOL to direct and accept payment of the relevant tuition fees, Student Services Levy, paper costs and Student Association fees from my student loan account.

Training Incentive Allowance

Contact your local Work and Income office. You must complete the enrolment first and submit your UCOL invoice to Work and Income for payment. If your TIA application is not approved by WINZ, you are still liable for all fees invoiced to you.

- Credit Card Visa Mastercard

Card Number

Card Holder's Name

Card Holder's Signature

Expiry date /

Amount \$

Organisation/Company Paying

Please attach a letter from the organisation/company paying your fees to that effect. If for any reason the organisation/company does not pay your fees, then you are still liable and must pay all fees yourself.

Organisation/Company Name

Authorised Contact Person

Postal Address

Telephone Number

()

Order Number

11 CHECKLIST

Have you checked the following?

- Read the Admission and Enrolment Guide and understood the terms and conditions of your admission and enrolment
- Completed all required sections of this Admission and Enrolment Form
- Read, signed and dated the Acknowledgement & Declaration
- Attached a verified copy of your birth certificate or passport proving your identity, plus permanent residency visa and change of legal name certificate
- Attached any additional documentation to support your application to UCOL such as academic record, CV, police check, health declaration, references etc. (if required)
- Completed the Fees details, and understood you must pay all fees in full prior to the start date of your programme or UCOL reserves the right to cancel your enrolment
- Attached a copy of your highest academic achievement or equivalent at secondary school
- Kept a photocopy of this Admission and Enrolment Form for your records

12 ACKNOWLEDGEMENT & DECLARATION

I hereby apply for admission and enrolment at UCOL and I understand and agree to the following:

- a) As soon as UCOL receives my Admission and Enrolment Form and proof of my identity, I have a conditional contract to study at UCOL. I can only withdraw from that contract by UCOL receiving a signed completed UCOL Change of Details/Circumstances Form as set out in this Admission and Enrolment Form and Guide.
- b) That my admission and enrolment at UCOL is subject to:
 - i) UCOL granting me direct or when I do not meet the direct admission requirements UCOL granting me discretionary admission.
 - ii) UCOL sending me a Confirmation Letter
 - iii) UCOL receiving payment of all fees payable by me on or before the First Date Teaching Started* although UCOL alone may waive this requirement without notice to me.
 - iv) For some qualifications/papers chosen by UCOL, UCOL alone deciding that I intend to complete the qualification/papers I am enrolled in. I understand that UCOL alone may, by letter to me, end my enrolment if UCOL is not satisfied that I intend to complete the qualifications/papers I am enrolled in.
- c) That if I receive a UCOL Confirmation Letter I will (subject to my right to withdraw as set out in this Admission and Enrolment Form and in the Guide) participate in the qualification/papers I am enrolled in and use my best efforts to successfully complete those qualification/papers.
- d) That the information I have given UCOL is true, and complete in all respects.
- e) That I have read and understand the terms of my conditional admission and conditional enrolment at UCOL and if confirmed, terms of my enrolment as set out in the UCOL Admission and Enrolment Guide and this Admission and Enrolment Form.
- f) I acknowledge that any information collected by the Literacy & Numeracy assessment tool maybe used by UCOL to measure and report on UCOL's performance.
- g) That I have read, I understand and I agree to the Acknowledgement & Declaration section of the Admission and Enrolment Guide.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

Signature of parent/guardian

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

(if applicant is under 18 years of age at the date of signing this Enrolment Form)

Please mail completed form to:

UCOL Information Centre
Private Bag 11022
Palmerston North
Freeport 460

Or drop it into one of our Information Centres:

Cnr of Princess and King Streets, Palmerston North
143-159 Chapel Street, Masterton
16 Rutland Street, Wanganui

Contact us:

0800 GO UCOL
0800 46 8265
Website: www.ucol.ac.nz
Email: enquiry@ucol.ac.nz