International Student Application Form



International Centre EIT Hawke's Bay Private Bag 1201 Napier 4142 NEW ZEALAND

Telephone: 0064 6 974 8902

Fax: 0064 6 974 8905

Email: international@eit.ac.nz Web-site: http://www.eit.ac.nz photograph

Please attach recent photograph here

 $\label{lem:please complete this form and either email, fax, or mail it to the above address.$

Please tick boxes where appropriate

Personal Information								
Family Name								
First Names	Known as							
Date of Birth		Male	Female	Married	Not Married			
Country of Citizenship								
Current Postal Address		Home Country Address (if.different)						
	sent to your postal address. Please info							
Telephone Number (home)		(work)						
Facsimile Number		Email Address Byron International Group Ltd						
Emergency Contact Person		Phone/Fax	3" FI, ZZU Q	ueen St PO Box 9 9 368 1588, Fax:	1333 AUCKIANO			
What is this above person's relationship to ye	Ou? (eg mother, father)		Emai	l: 3681588@gm //www.byron20	ail.com			
Agent Name (if applicable)				ST No: 93-857-				
Course of Study								
ENGLISH LANGUAGE: If you wish to study E	nglish, please complete this section							
Knowledge of English:	No English Beginner	Pre-interme	diate	Intermediate	Advanced			
Level of Spoken English:	None Beginner	Quite good		Good	Very good			
Do you wish to sit IELTS?	Yes No							
Have you previously sat an English Language exam?	Yes No If yes, please attach your results to this application							
Do you wish to gain entry to an academic programme at tertiary level?	Yes No							
Please choose from one of the following opti	ions:							
	General English (intakes every 4 weeks)							
	English for academic purposes (6 wee	eks) 1	9 April	27 September				
	IELTS preparation							
	Cambridge First Certificate in English	2	0 September					

Course length:	4 weeks	8 weeks	12 weeks	16 weeks	20 weeks	24 weeks					
	28 weeks	32 weeks	36 weeks	40 weeks	44 weeks	48 weeks					
Would you like to study	full time	part time									
Date you wish to start your Eng	glish Language course:										
ACADEMIC PROGR	AMME CHOICE										
Name of the course you wish t	o study 1st choice:										
	2nd choice	;:									
Preferred starting semester:	February	July	Other	(Start Date)	Year:						
ENGLISH LANGUAGE PROFICIENCY											
Do you have an IELTS or TOEF	L score?	Yes	No #	f yes, please attach a certified	copy of your certificate.						
ACADEMIC HISTOR	ACADEMIC HISTORY										
Was English the medium of instruction for all subjects in your high school/institution?											
Secondary School (final Year)	Name of examination:			Ye	ar:						
Tertiary Name of qualification:				Ye	ars enrolled:						
Please attach certified copies	s of all your academic ı	results in English									
Do you wish to apply for academic credit for previous tertiary study undertaken?											
If you wish to apply for credit of your academic transcripts				tent together with certifi	ied copies						
Accommodation	Incurance 9. G	Special Meeds									
				No							
Thease chlose the of the following spheric.											
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Do you wish to have Medical	& Travel Insurance arra			No Vas	1 No.						
Do you wish to have Medical Do you have special needs w	& Travel Insurance arro	e.g. Mobility, Medical, Medical	ntal Health)	Yes] No						
Do you wish to have Medical	& Travel Insurance arro	e.g. Mobility, Medical, Medical	ntal Health)	Yes	•						
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