



Application for Study Abroad Semester
(Certificate of Proficiency for Overseas Students)
(COPOS)

Attach a colour, passport-sized photo (45 x35mm) here using a paper clip.
DO NOT glue or staple.

1. Agent Details

I hereby nominate the below Agent to submit this application to the University of Auckland on my behalf including all necessary documents, and to act as my representative for all future correspondence.

Name of agent	GOzealand!
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Hamburg <input type="checkbox"/> Berlin <input type="checkbox"/> Dortmund

2. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
First name	
Middle name(s)	
Last name	
Preferred first name	
Have you been known by any other names (maiden name)?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____

3. Contact Details

Contact phone number	(+____)
Country	
Street name & number	
City	
Postcode	
Email address	

4. Additional Information

Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Date of birth	___/___/_____ (dd/mm/yyyy)
Citizenship	
Are you a permanent resident of New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity	

5. Disability Information

Do you live with the effects of a mental health condition, learning disability, long-term medical condition, or other disability or impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____ _____
Do you need some form of assistance from Disability Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. English Language Qualification

All applicants are required to provide evidence of their proficiency in the English language.

What is your first language?	
Have the last two years of your education been conducted entirely in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sat an English language test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which test?	

7. Secondary Education

In what country did you attend your last secondary school (high school)?	
Name of school	
When was the last year you attended this school?	
Have you completed this qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your highest secondary qualification (Abitur/ FH-Reife/ etc.)?	

8. Tertiary Education

Have you attended University of Auckland before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently enrolled in a tertiary institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of institution	
Degree program (Bachelor/Master/etc.)	
Name of program	
Start date	___/___/_____ (dd/mm/yyyy)
Have you already completed another tertiary program? (if yes, please fill in below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of institution	
Degree program (Bachelor/Master/etc.)	
Name of program	
Start date	___/___/_____ (dd/mm/yyyy)
End date	___/___/_____ (dd/mm/yyyy)

9. Study Abroad Program Information

Proposed start date	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____
Preferred campus	<input type="checkbox"/> City <input type="checkbox"/> Grafton <input type="checkbox"/> Epsom <input type="checkbox"/> Other: _____
Proposed duration	<input type="checkbox"/> 1 Semester <input type="checkbox"/> 2 Semesters

10. Declaration

I understand that, in addition to requirements relating to my study in this programme, there may be further qualifications, registration, licensing and/or other legal requirements necessary to fulfil my career intentions. I understand that it is my responsibility to ensure that I can meet these requirements.

I promise to abide by the Statutes and Regulations, and comply with the reasonable requirements of the University of Auckland as published in the University Calendar. I declare that the information set out in this application is complete and correct and I acknowledge that the University may cancel my enrollment if false information has been supplied or if the information required is not supplied by the due date.

I have read and understand the outline of how the Privacy Act 1993 will be applied to the information I supply and I authorize the University to collect, use and disclose personal information about me in accordance with that outline and the Privacy Act 1993.

I understand that if I apply for a Student Allowance or a Student Loan, the University may disclose relevant personal information to the Student Services Unit of the Department of Work and Income for the administration of those schemes.

I authorize the University of Auckland to make amendments to my proposed study where such amendments are necessary to comply with degree regulations and requirements.

I authorize any agency holding the source of information I have provided on this form to release that information to the University on request.

I am aware that I may be liable for a non-refundable application fee for this application and that this will not be paid by my student loan.

I am aware that I may need to provide verified evidence of personal details and academic qualifications in order to complete this application. These documents have been detailed throughout this application and a reminder will be sent with the acknowledgement letter.

Signature _____ **Date** _____ (dd/mm/yyyy)

*Information on the Privacy Act 1993 is available at
www.auckland.ac.nz/security/PrivacyAct1993.html

11. CHECKLIST OF REQUIRED MATERIALS (FOR STUDENT USE ONLY)

Incomplete applications cannot be processed. Please tick to show that you have enclosed the following:

- Completed application with the correct programme of COPOS
- Official academic transcript showing current (and previous, if applicable) undergraduate and/or postgraduate studies at University
- Evidence of your legal name, date of birth and citizenship (e.g. verified copy of passport or birth certificate)
- A colour passport-sized photograph of yourself (45mm height ×35mm width)
- Verified evidence of English language proficiency, if applicable

“Verified” means document is signed, dated and stamped by an official from your University, Justice of the Peace, solicitor or notary public.

**ACCESS TO INFORMATION HELD BY THE UNIVERSITY OF AUCKLAND STUDENT
SERVICES ONLINE**

AUTHORISATION FORM

The University of Auckland (“University”) has an online tool called Student Services Online (“SSO”) which is accessed through the online student management system. SSO enables agencies that are acting on behalf of students to access information for the purpose of advising, submitting and tracking the progress of student applications.

The University requires that this written authorisation is completed and signed by the student before an agency can act on their behalf and access the student’s applications on SSO.

Agency Details

Name of agency:

Student Details

Name:

Date of Birth:

Email address:

Authorisation

I, the Student, authorise the above Agency and any designated employees acting on their behalf to access any enrolment applications made by me or on behalf of me to the University (“my Application”) through SSO.

I understand that access by the Agency to my Application will be solely for the purpose of advising, submitting and tracking progress of my Application to the University and the Agency will not disclose any information in my Application to another person without my written permission.

I confirm to The University of Auckland that I will allow the Agency to act on my behalf through SSO for a period of two years and six months from the date of the signing of this consent. I understand that I may withdraw consent to the Agent having access to my Application(s) at any time by notifying the Agent or the University in writing.

Signed: _____

Date: _____