

## COURSE ENROLMENT FORM

### PERSONAL

Family name ..... First name (s): .....

Male  Female ..... Occupation .....

Date of Birth (min, age 18)..... Nationality .....

Address .....

Telephone number ..... Fax number.....

Email address .....

Please list any health conditions or disabilities .....

Emergency contact person and phone number .....

How did you hear about AUT International House? .....

Are you applying for an AUT University programme of study?  YES  NO

Please advise name of programme .....

If you have a Conditional Letter for AUT, please attach a copy of your Conditional Letter with the AUT IH Enrolment Form.

PLEASE ATTACH  
YOUR PHOTO

OFFICE USE ONLY  
STUDENT IE NUMBER

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### COURSE

Your level of English (tick box):  Elementary  Intermediate  Advanced

Course start date ..... Course finish date ..... Number of weeks .....

Please see the Dates and Fees Schedule.

Course required (tick box):

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> General English full-time | <input type="checkbox"/> General English part-time   | <input type="checkbox"/> DELTA |
| <input type="checkbox"/> Cambridge English: First  | <input type="checkbox"/> Cambridge English: Advanced | <input type="checkbox"/> CELTA |
| <input type="checkbox"/> GIE*                      | <input type="checkbox"/> IELTS full-time*            | <input type="checkbox"/> TESOL |

(\* Please attach a certified copy of your IELTS result)

### ACCOMMODATION

I will require AUT International House to arrange my accommodation  YES  NO  
(If yes please complete the accommodation application form)

### INSURANCE

International students must have appropriate and current Medical and Travel Insurance while studying in New Zealand. AUT International House can arrange Medical and Travel Insurance with Uni-Care on your behalf. Insurance for the length of your course will be added to your Proforma Invoice. If you wish to arrange Medical and Travel Insurance yourself, you will need to provide proof, such as a copy of your policy, to be able to confirm your enrolment. For more information please visit: [www.uni-care.org](http://www.uni-care.org)

I will require AUT IH to arrange medical and travel insurance for me:  YES  NO

I will arrange medical and travel insurance myself:  YES  NO

Copy of policy attached:  YES  NO

### DECLARATION

- I confirm that I have read and I understand and accept the conditions of enrolment outlined on the back of this form.
- I confirm that I am over 18 years old

YOUR LOCAL AGENT

Students signature: ..... Date: .....

PLEASE ATTACH A COPY OF YOUR PASSPORT