



STUDENT TO COMPLETE

FAMILY NAME: _____ GIVEN NAMES: _____ MALE FEMALE

DATE OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

PASSPORT NO: _____ EXPIRY DATE: _____

ADDRESS: _____ CITY: _____

EMAIL ADDRESS: _____ PHONE NO: _____

PARTNERSHIP STATUS: Married Single Partner Engaged Separated Divorced

NAME OF PROGRAMME: _____ PROGRAMME END DATE: _____

NOTE: If your passport expires before the end of your course you will only be issued a visa 1 month before the passport expiry date.

To process this visa you must supply the following documents:

- Passport Copy Application Fee receipt \$110 (Fee \$70 administration \$40) Receipt of payment for Tuition fees
- Proof of Address NZ Bank statement in your name with sufficient living funds* Police Certificate** Full Medical**
- X-Ray** Outward bound flight or additional funds of \$2000
- Financial Guarantee Supplementary Form Specified Country Supplementary Form***

ADDITIONAL DETAILS:

1. Do you have a National ID number, or other unique identifier that was issued to you by any government? YES NO

ID Number	Issued by which Country?

2. Have you undertaken military service in any country? YES NO

Date From	Date to	Rank	Unit	Role	ID

3. Are you presently subject to Military service obligations in any country? YES NO

If you answered "No" and you are a citizen of a country in which compulsory military service exists, state below why you are exempt from military service.

4. Have you been associated with any intelligence agency or group, or law enforcement agency? YES NO

If you answered "Yes" please specify here:

5. Have you been associated with any group or organisation that has engaged in or promoted the use of violence to further their aims? YES NO

If you answered "Yes" please specify here:

6. Have you been convicted, charged or under investigation for any offence(s) against the law in any country? YES NO

If you answered "Yes" please specify here:

NOTE: You may be asked to provide more details and a manual application.

7. Have you been committed or been involved in the commission of war crimes, crimes against humanity, and/or human rights abuses? YES NO

If you answered "Yes" please specify here:

8. Have you been: deported, excluded (refused entry), or removed from any country? YES NO

If you answered "Yes" please specify here:

5. Are you currently pregnant? YES NO
6. Do you have Pulmonary Tuberculosis (TB)? YES NO
7. Do you have any medical conditions that may/will require you to be treated while you are in New Zealand?
 Renal dialysis: YES NO Hospitalisation: YES NO Residential care: YES NO

If you answered "Yes" to any of the above questions, please provide details below.



* A New Zealand bank statement in your name showing NZ\$1000 per calendar month or NZD\$10,000 (1 Year)
 ** Immigration NZ will advise you if you need to submit further information, such as repeat medicals, specialist reports or a new certificate via email. Please send these documents yourself to:

Students Online CSPU 65 Rangitikei St, Palmerston North 4410

*** The specified country supplementary form is an Immigration NZ requirement and affects selected countries and may change at any time. Currently, students from Zimbabwe and Fiji must supply these completed forms at the time of applying for student permit.

Communication about your application

- Please make sure your email address is correct as this is the way that Immigration NZ will communicate to you if they need to e.g. request medicals, police certificates.
- Please call the Immigration NZ free phone call centre on 0508 55 88 55 to get an update on your application
- Check out Immigration NZ's website for more info and updates www.immigration.govt.nz
- EIT and INZ endeavour to complete a clear application within 12 working days of all documents being received by Immigration NZ.

Department of Labour Declaration

I understand the questions and contents of this form, and the information I have provided is true and correct.
 I understand that if, between the time that I make this application and the time it is decided, or between the time I am issued with a visa and the time I travel to New Zealand, any relevant matter relating to the application changes, I am obliged to inform the INZ.
 I understand I am responsible for making sure I leave New Zealand before my permit expires and that if I do not I may face removal action.
 I authorise INZ to provide information about my state of health and my immigration status to any health service agency.
 I authorise any health service agency to provide information about my state of health to the INZ.
 I authorise INZ to make any enquiries it considers necessary in respect of information provided on this form in order to make a decision on this application and enquiries about my subsequent immigration status.
 I authorise any agency which holds information (including personal information) relevant to those matters to disclose that information to INZ.
 I authorize Immigration New Zealand and the Department of Labour to provide Eastern Institute of Technology with any personal details regarding my immigration status, including any information that I have submitted to Immigration New Zealand in the course of any visa or permit application.

Signature of applicant on date of submission of full application and documents Day Month Year

STAFF COMMENTS:

1. _____ Date: _____
2. _____ Date: _____

APPROVAL AND COLLECTION OF STUDENT PERMIT LABEL

STAFF SIGNATURE

DATE

STUDENT SIGNATURE

DATE