



UUNZ
Institute of Business

UUNZ Application Form

Postgraduate

Section 1: Personal Details

Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Other: _____
Last Name:	_____
First Name:	_____
Preferred Name:	_____
Street Address:	_____
City:	_____
Country:	_____
Post Code:	_____
Date of Birth:	____ / ____ / ____ (DD/MM/YYYY)
Nationality:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone Number:	() _____
Fax Number:	() _____
Mobile Number:	() _____
Email Address:	_____
Emergency Contact Person:	_____
Emergency Phone Number:	() _____
Visa Type:	<input type="checkbox"/> Student <input type="checkbox"/> Working Holiday <input type="checkbox"/> Citizen / P.R. <input type="checkbox"/> Work <input type="checkbox"/> Visitor <input type="checkbox"/> Other: _____

Section 2: Study Details

Start Date:	<input type="checkbox"/> Semester 1 (March) <input type="checkbox"/> Semester 2 (July) <input type="checkbox"/> Semester 3 (November)	Programmes Interested In:
Start Year:	<u>20</u>	<input type="checkbox"/> Master in Business Administration (MBA) <input type="checkbox"/> Masters in Business Administration - International (MBAI) <input type="checkbox"/> Postgraduate Diploma in Business Administration (PGDip) <input type="checkbox"/> Postgraduate Certificate in Business Administration (PGCert)



Section 4: Previous Study

List below any courses relevant to your application you have attempted at a University, Polytechnic or other institution of higher education.

Education Details:

Last / Current Institution:

Institution Name: _____

Qualification: _____

Completed: Yes No

Start Date: ____ / ____ / ____ (DD/MM/YYYY)

End Date: ____ / ____ / ____ (DD/MM/YYYY)

Previous Institution:

Institution Name: _____

Qualification: _____

Completed: Yes No

Start Date: ____ / ____ / ____ (DD/MM/YYYY)

End Date: ____ / ____ / ____ (DD/MM/YYYY)

Education Details:

Previous Institution:

Institution Name: _____

Qualification: _____

Completed: Yes No

Start Date: ____ / ____ / ____ (DD/MM/YYYY)

End Date: ____ / ____ / ____ (DD/MM/YYYY)

Previous Institution:

Institution Name: _____

Qualification: _____

Completed: Yes No

Start Date: ____ / ____ / ____ (DD/MM/YYYY)

End Date: ____ / ____ / ____ (DD/MM/YYYY)

NB: Documentation maybe required at a later stage.

Section 5: Declaration

I hereby wish to be considered for entry to the course indicated in Section 2. I confirm that the information provided on this form is correct and complete. I understand that UUNZ Institute of Business reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information.

Full Name of Applicant (please print):

Signature of Applicant:

Date:

____ / ____ / ____ (DD/MM/YYYY)

Privacy:

UUNZ collects and stores information from this form and your records to comply with the requirements of the Ministry of Education and the New Zealand Qualifications Authority (NZQA) and USQ. This information is also used to select students for programmes, to manage internal administrative processes and for internal reports information about students that may be supplied to and sought from other educational institutions for the purpose of verifying academic records. In addition, when required by statute, UUNZ releases information to government agencies such as the NZ Police, Department of Justice, the Immigration Service and the Accident Rehabilitation Compensation Corporation. You must see any information held about you and amend any errors in that information. To do so, please contact the Registrar. Failure to provide the information requested may result in the refusal of your enrolment. You have an obligation to advise the school when any of your details change.

