

# SCHOOL OF SECONDARY-TERTIARY STUDIES

## APPLICATION FORM



Please complete all sections of this form. Please print clearly in pen using BLOCK LETTERS.

1

Name of programme *School of Secondary-Tertiary Studies* (Circle one) Year 11 | Year 12 | Year 13

2

### PERSONAL DETAILS

Please PRINT your legal name in full (as on your proof of New Zealand citizenship/residency).  
This legal name will appear on any award.

Miss     Ms     Mr    Other (please state)

Female     Male    Date of Birth  DAY / MONTH / YEAR

Legal family name

Legal first given name

Legal second given name

### Permanent/home address

Unit/Flat/Apartment number

Street address - number and name

Suburb  Town/city  Postcode

Phone (  )  Cellphone

Email address

3

### Educational History (Please include current tertiary study if applicable)

Secondary School, Tertiary Institution Attended	From – To (Year)	Subjects Taken, Levels	Qualifications and Grades Gained (Send Photocopied Proof)
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

4

### Personal Statement (You may attach extra pages)

If you have an illness or disability which may affect your study, please tick here so that the Disabilities Coordinator can assist you.

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5

## Documents Required

You need to send certified copies (not originals) of the following documentation to support your application. Tick each completed item.

- |   |  |
|---|--|
| <input type="checkbox"/> A copy of education results (successful or not)  | <input type="checkbox"/> If you have changed your name (e.g. deed poll) please provide proof of the change |
| <input type="checkbox"/> Birth certificate or proof of New Zealand permanent residency, if not born in this country | <input type="checkbox"/> School Endorsement Form   |

I hereby declare that the information and attached documentation provided by me in this application are true and correct. I acknowledge that Manukau Institute of Technology can cancel my application if false or incomplete information has been provided. I understand that the purpose of gathering this information is to allow Manukau Institute of Technology to carry out the functions required of it under the Education Act 1989, and its obligations under other enactments and in accordance with the Privacy Act 1993. I authorise Manukau Institute of Technology to disclose this information to the agencies outlined in the information on the Privacy Act available in the MIT Library and Student Services Centres.

Applicant  
Signature

DAY / MONTH / YEAR

Parent/Guardian  
Signature

DAY / MONTH / YEAR

### Send your school endorsement form with your application to:

FREEPOST 155404  
School of Secondary-Tertiary Studies  
Manukau Institute of Technology  
Private Bag 94006  
Manukau 2241  
Auckland  
New Zealand



**MANUKAU  
INSTITUTE OF  
TECHNOLOGY**  
To Whare Takiura o Manukau

**Freepost is only valid if posted in New Zealand**

0800 62 62 52 | manukau.ac.nz

Note: If you do not receive an acknowledgement of your application, or if you have any queries, please phone 0800 62 62 52.

### OFFICE USE ONLY

ACKNOWLEDGEMENT SENT			INTERVIEW DATE			DATE		
ACCEPT		DECLINE		OTHER PROGRAMME RECOMMENDED		SIGNED		