



# SHORT COURSE APPLICATION FORM

OFFICIAL USE ONLY - ID NUMBER

<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"/>							

## WHO SHOULD COMPLETE THIS FORM?

- Applicants for Compact Courses
- Applicants for Short Courses (courses that do not have academic credit)
- Applicants for Certificates of Personal Interest

## WHO SHOULD NOT COMPLETE THIS FORM?

- Applicants for courses that have academic credit
- Existing AUT students or those that have studied here before. You can apply over the phone - please contact the Student Hub on 0800 AUTUNI (0800 288 864)

## SECTION ONE PERSONAL DETAILS

1.1 Title  Mr  Ms  Mrs  Miss  Other

1.2 Surname or family name  
(as appears on your passport, birth certificate or marriage certificate)

1.3 First name(s)

1.4 Preferred first name

1.5 Date of birth

1.6 Gender  Male  Female  Gender Diverse

1.7 Please provide your NSI/NZQA identification number.  
If unknown, please leave blank:

## SECTION TWO CONTACT DETAILS

2.1 **What is your main contact address?**  
Please note: This will be used to post all correspondence to. Please ensure this is kept up-to-date at all times and advise us if it changes.

2.2 Street number and name

2.3 Suburb

2.4 City/Town

2.5 Post code

2.6 Telephone

2.7 Mobile

2.8 Work

2.9 Email

2.10 **What is your alternative contact address?**

2.11 Street number and name

2.12 Suburb

2.13 City/Town  Post code

2.14 **Emergency contact**

2.15 Name

2.16 Relationship to you?

2.17 Telephone

## SECTION THREE CITIZENSHIP

3.1 Please tick one of the boxes below that applies to you:

New Zealand citizen  New Zealand resident

Refugee status  International student

Australian citizen or permanent resident  Diplomatic staff or family

3.2 If you are a NZ resident, International student, diplomatic staff or family or have refugee status, please give country of citizenship:

## SECTION FOUR ETHNICITY

4.1 Please indicate which ethnic group(s) you belong to.  
You may tick up to three options:

New Zealand European  Māori

Samoan  Cook Island Māori

Tongan  Niuean

Tokelauan  Fijian

British and Irish  Dutch

Greek  Middle Eastern

Polish  South Slav

Italian  German

Australian  Filipino

Cambodian  African

Vietnamese  Chinese

Other Southeast Asian  Indian

Sri Lankan  Japanese

Korean  Latin American

Not stated  Other Ethnicity

Other Pacific Peoples - please state here:

Other Asian - please state here:

4.2 If you are of Māori descent, please state the Iwi with which you have the strongest affiliation:

## SECTION FIVE COURSE SELECTION

5.1 Please specify which short course you are applying for at AUT in order of preference. Programme and paper codes can be found by visiting our website at: [www.aut.ac.nz](http://www.aut.ac.nz)

COURSE NAME:	<input type="text"/>		
PAPER CODE:	<input type="text"/>	PROGRAMME CODE:	<input type="text"/>
FEE:	<input type="text"/>	START DATE	<input type="text"/>

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FEE:	<input type="text"/>	START DATE	<input type="text"/>

## SECTION SIX STATISTICAL INFORMATION

- 6.1 Why did you decide to study at AUT University (please tick one)
- AUT's reputation in your chosen programme(s)
  - AUT's reputation as a university
  - Information from a secondary school careers advisor
  - Information from a family member or friend
  - Information from an AUT staff member
  - Information from an employer
  - Only AUT offers your chosen programme
  - AUT is close to your home/location
  - AUT offered you study assistance (e.g. fees scholarship)
  - Your application to study at another university was unsuccessful
  - Other- please state:

## FOR MORE INFORMATION

If you need help or assistance in filling out this form, please contact the Student Hub. Our friendly staff will be able to assist you through the application process and help answer any queries you may have.

**Phone:** 0800 AUT UNI (0800 288 864)

**Online:** [www.aut.ac.nz/studenthub](http://www.aut.ac.nz/studenthub)

### City Campus Student Hub

Level 2 (ground entry), WA Building  
55 Wellesley Street East, Auckland Central

### North Campus Student Hub

Ground level, AG building and Level 2, AS building  
90 Akoranga Drive  
Northcote  
Auckland

### South Campus Student Hub

Level 1, MA Building and Level 1, MB building  
640 Great South Road  
Manukau Auckland

## WHERE TO SEND THIS FORM

Please return this form to: University Admissions Office  
AUT  
Private Bag 92006  
Auckland 1142

## SECTION SEVEN STUDENTS WITH DISABILITIES AND DEAF STUDENTS

- 7.1 Do you have an impairment, disability, medical need, learning difference or are you Deaf?

Yes  No

- 7.2 If yes, please indicate by ticking the appropriate box below.

- |  |   |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder<br><small>(neuro devel disorder)</small> | <input type="checkbox"/> Physical   |
| <input type="checkbox"/> Deaf  | <input type="checkbox"/> Psychological/psychiatric  |
| <input type="checkbox"/> Head Injury   | <input type="checkbox"/> Specific Learning<br><small>(eg dyslexia, dyscalculia etc)</small> |
| <input type="checkbox"/> Hearing (impaired)  | <input type="checkbox"/> Speech Impairment  |
| <input type="checkbox"/> Intellectual  | <input type="checkbox"/> Traumatic Brain Injury   |
| <input type="checkbox"/> Medical (chronic or on-going)                                     | <input type="checkbox"/> Vision (blind)   |
| <input type="checkbox"/> Medical (temporary)   | <input type="checkbox"/> Vision (impaired)  |
| <input type="checkbox"/> Memory  |   |
| <input type="checkbox"/> Other - please state:   | <input type="text"/>  |