



PERSONAL Family name Female Occupation

Family name	First name (s):	
Male Female	Occupation	I LEASE AT TACT
Date of Birth (min, age 18)	Nationality	YOUR PHOTO
Address		
*		OFFICE USE ONLY STUDENT IE NUMBER
Telephone number	Fax number	
Email address		
Please list any health conditions or dis	sabilities	
Emergency contact person and phone	number	
How did you hear about AUT Internat	ional House?	
Are you applying for an AUT Universit	ty 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.

COURSE

Course start date	Course finish date Number	of weeks
Please see the Dates and Fees Schedu	le.	
Course required (tick box):		
General English full-time	General English part-time	DELTA
Cambridge English: First	Cambridge English: Advanced	CELTA
GIE*	IELTS full-time*	TESOL
(* Please attach a certified copy of your IELTS re-	sult)	
ACCOMMODATION		
I will require AUT International Hous	e to arrange my accommodation YES I	NO
(If yes please complete the accommodation	on application form)	
INSURANCE		
AUT International House can arrange Nourse will be added to your Proforma	opriate and current Medical and Travel Insurance whil Medical and Travel Insurance with Uni-Care on your b Invoice. If you wish to arrange Medical and Travel Ins be able to confirm your enrolment. For more informat	ehalf. Insurance for the length of your urance yourself, you will need to provide
I will require AUT IH to arrange medi	cal and travel insurance for me: YES N	10
I will arrange medical and travel insu	rance myself: YES N	10
Copy of policy attached: YES	□ NO	
DECLARATION		
I confirm that I have read and I up outlined on the back of this form	nderstand and accept the conditions of enrolment .	
I confirm that I am over 18 years of	old	YOUR LOCAL AGENT
Students signature:	Date:	

PLEASE ATTACH A COPY OF YOUR PASSPORT