



NEW ZEALAND COLLEGE OF CHIROPRACTIC

graduating hands, hearts & minds

INTERNATIONAL STUDENT APPLICATION

New Zealand College of Chiropractic
Admissions Officer
PO Box 113-044, Newmarket, Auckland,
New Zealand
Phone: (64 9) 526 6780
Facsimile: (64 9) 526 6788

Please attach
two passport
photos

Office Use Only:

DO NOT use this form if you are a New Zealand or Australian Citizen, or permanent resident of New Zealand.

Personal Details

Family Name (Surname) - as shown on your passport

Passport Number

Given Name(s) - as shown on your passport

(Please attach a verified copy of your Passport)

Have you applied for Permanent Residency (PR) in New Zealand
 Yes No

Title

Mr Ms Miss Mrs Dr

Other _____

Do you intend applying for Permanent Residency while studying
in New Zealand?

Yes No

Country of Citizenship

Gender

M F

If yes, please read the International Student Refund Policy
relating to obtaining Permanent Residency

Date of Birth

Age

Indicate year of enrolment into NZ College of Chiropractic

Contact Details

Address in New Zealand

(Please inform the Academic Registrar if you change address)

Permanent Address in Home Country

Telephone:

Fax/Mobile:

Telephone:

Fax/Mobile:

Email:

Emergency Contact

Name:

Telephone:

Country:

Email:

Criminal History

Have you ever been convicted of a criminal offence? Yes No

Do you currently have any court cases or legal proceedings pending against your name? Yes No

If you have answered yes to either of the above questions, you must submit full details with this application.

Educational Record

Secondary School/High School/Foundation

Name of School	Country	Year Started	Qualification	Year Completed

Bursary Candidate Code

If you have sat or are sitting bursary (NZUEBS) please enter your bursary code and year

Code Year

Tertiary Study (University, Technical College, Other)

Name of Institution	Country	Year Started	Qualification	Year Completed

Please attach your Academic Transcript

Work Experience

Do you have any work experience you believe is relevant to Chiropractic?

- Yes No

Employment Period	Name of Employer	Position Held
Please attach relevant employer references or letters of job offer		

Other Professional experience Dates

English Proficiency

- What is your first language? _____
- I have booked to complete an IELTS or TOEFL test on
Date: _____
- I am applying for conditional entry based on my academic results.
I will provide my English language test results at a later date.
- I am applying without an English language test and would like my
previous education to be considered as evidence of my English language
- I have completed an English language test (attached)

English Test Results		
Name of Test	Score	Date Obtained
IELTS		
TOEFL ability.		
Other		

New Zealand College of Chiropractic recommends all students supply either an IELTS or TOEFL test result with their application.

Students with Disabilities

If you have a disability and need further help at the New Zealand College of Chiropractic, please provide a brief statement outlining your needs. This information will be kept confidential and will not affect admission.

Medical Insurance

Medical insurance is compulsory for students studying in New Zealand. Evidence of insurance must be provided before enrolling at the New Zealand College of Chiropractic. Please state which of the following applies to you.

Do you have allergies or medical conditions?

- Yes No

If Yes, please state _____

- I will arrange my own medical insurance and provide evidence of this to the New Zealand College of Chiropractic

Essay Requirement

In order for the college to gain a greater insight into your desire to pursue chiropractic studies, we require all applicants to submit a 500 word essay with their application. This essay is a personal insight into firstly, why you wish to study chiropractic, and secondly why you wish to study at the New Zealand College of Chiropractic.

Please include what has inspired you to join the profession including any experience/exposure you may have had with chiropractic.

Please submit your essay in typed, double-spaced format.

Submitting Your Application

Where are you currently located?

- New Zealand Home Country Other Country

How did you hear about the New Zealand College of Chiropractic? *(Please tick one)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Faculty Staff | <input type="checkbox"/> NZ Embassy | <input type="checkbox"/> Chiropractor - Name_____ |
| <input type="checkbox"/> Education Fair | <input type="checkbox"/> Advertisement | <input type="checkbox"/> NZCC Graduate |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Other Chiropractor |
| <input type="checkbox"/> NZ Secondary School | | <input type="checkbox"/> Chiropractic Student |

Student Checklist

Please ensure you have done the following: *(If you do not include all relevant documents it may delay your application processing)*

- | | |
|---|--|
| <input type="checkbox"/> Completed all sections of the application form | <input type="checkbox"/> Enclosed a verified copy of your official English Language Test Results |
| <input type="checkbox"/> Enclosed translated and verified copies of your original documents and academic transcript | <input type="checkbox"/> Read the attached Information Guide |
| <input type="checkbox"/> Enclosed a copy of your current passport | <input type="checkbox"/> Signed and Dated this application form |
| <input type="checkbox"/> Two passport photos | <input type="checkbox"/> Application fee of NZ \$100 enclosed or see below for payment option |

Payment Options

- Visa Mastercard Cheque (made payable to New Zealand College of Chiropractic)

Card Number _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _

Expiry Date _ _ / _ _

Name on Card _____

Student Declaration and Signature (ALL STUDENTS MUST SIGN)

- I have read and understand the Refund of Fees Policy for International Students (page attached at back)
- I agree to abide by the laws and regulations of the New Zealand College of Chiropractic
- I acknowledge that if I am accepted for the course of study I am liable for the fee (including any late fee or debt collection fee) payable for my course of study until such times as I have paid
- I also acknowledge that attendance of any class without full tuition fee having been paid in breach of College policy, and the College may take such steps to recover the outstanding fees as may be necessary
- I have read and understand the outline of how the Privacy Act will be applied in the College, set out in the Information Guide, and I authorise the College to collect, use and disclose personal information about me in accordance with that outline in the Privacy Act 1993
- I agree that before I use the Internet at New Zealand College of Chiropractic, I will read the Policy regarding Internet Usage and will abide by them. I accept that failure on my part to abide by this policy may lead to termination of my access via New Zealand College of Chiropractic to use the Internet and that I may be required to pay for any internet related costs incurred by my actions which do not accord with the policy or guidelines (as well as reasonable costs for recovering these costs)
- If the enrolment carries over two academic years I will be bound by the same terms and conditions as agreed herein.
- I have truthfully completed the 'Criminal History' Section of this application.
- I declare that the information I have supplied on this form and any attached documentation to be true and complete and I acknowledge that the New Zealand College of Chiropractic may suspend my enrolment if false information has been supplied or required information is not supplied by the due date
- I promise that I will make myself familiar with the requirements in regard to student behaviour as set out in the Student Handbook (Handed out on first day and available on the College Intranet). I will obey the statute, rules and regulations of the College. I acknowledge that if I breach the Statutes, Rules and Regulations of the College I will be subjected to the Discipline Procedure and penalties imposed under the New Zealand College of Chiropractic Policies and Procedures and General Academic Statute

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Signature

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Day Month Year

Application Procedure

1. Complete and sign the New Zealand College of Chiropractic Student Application Form
2. Attached **certified** translated copies of these documents: (*Photocopies or facsimiles of documents are not acceptable*)
 - Academic records and any official examination certifications
 - Two passport sized photographs
 - Certified copy of passport or birth certificate
3. Send the signed application form and certified documentation detailed above to the Admissions Officer. An application takes approximately four weeks to process. If entry requirements are met you will be invited to participate in a selection interview.
4. Soon after selection interviews have taken place, you will be notified of your status, along with an offer of place.
5. NZ \$100 application fee applies
6. When tuition fees have been paid a receipt will be issued. This is required to obtain a Student Visa from New Zealand Immigration Service

REFUND OF FEES POLICY FOR INTERNATIONAL STUDENTS

If the New Zealand College of Chiropractic withdraws an Offer of Place, or is unable to provide the course offered, all tuition fees are fully refundable.

1. Withdrawal From the Programme

DATE OF WITHDRAWAL NOTIFICATION	REFUND DUE	CANCELLATION FEE
Within 10 days of course start date	100% minus cancellation fee	\$500 Administration fee
After 10 days of the course start date	At the discretion of the President	

Method of Payment: *The refund will be made by bank draft, in New Zealand dollars to a nominated bank account in the student's home country*

2. Permanent Residency

An international student who obtains permanent residency, while studying on student visa, will not receive a refund of fees for the semester in which residency is granted. However they will be treated as a New Zealand permanent resident for the following semesters and will be subjected to domestic fees for the remainder of their study at New Zealand College of Chiropractic

3. Full Time Study

New Zealand Immigration Services require that international students undertake a full study load to comply with the conditions of their student permit. A full study load at New Zealand College of Chiropractic is 120 credit points per year, or 60 credit points per semester.

4. Failure to Obtain or Maintain a Student Visa/Permit

- A full refund of fees will be issued in the event of a student failing to obtain a student permit/visa
- A full refund of fees will be issued in the event a student's application for an extension to their visa/permit is refused by the New Zealand Government

Method of Payment: *The refund will be made by bank draft, in New Zealand dollars to a nominated bank account in the student's home country*

5. Extraordinary Circumstances

Application for refund is made, with supporting information in writing, to the Academic Registrar. If a student decides to withdraw after the 10 day deadline and can show that the reason for not applying to withdraw within the time limit was due to medical or exceptional circumstances, the College may at its absolute discretion, allow a refund up to 50% of the tuition fee paid

Method of Payment: *The refund will be made by bank draft, in New Zealand dollars to a nominated bank account in the student's home country*