

APPLICATION TO STUDY

Nau mai, haere mai ki Te Whare Takiura o Manukau.
Welcome to Manukau Institute of Technology (MIT).

Thank you for choosing to apply to study with us.

Please fill out this form if you are a **new domestic student** or are a **current and/or returning domestic student applying for a new programme**. Students who are looking to continue a programme should fill out a Re-enrolment Form. International students should fill out an International Application Form.

You are a domestic student if:

- You are a citizen or permanent resident of New Zealand; or
- You are a citizen or permanent resident of Australia, Cook Island, Niue or Tokelau.

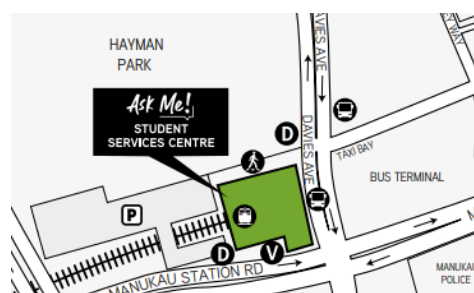
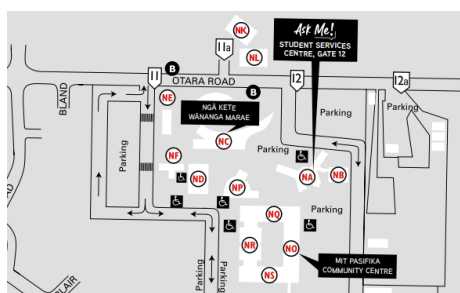
Here is an overview of our application process

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| 1 | Find a study option that suits you You can contact us (see details below) or visit manukau.ac.nz for more information. |
| 2 | Fill out this form and return it to us. You can also apply online, over the phone or in person (see details below). |
| 3 | Your application will be assessed. We will be in contact with you if we need more information from you. |
| 4 | If your application is successful, we'll send you an Offer Letter and an Acceptance Form. |
| 5 | Complete your Acceptance Form and return it to us to secure your place. |
| 6 | We will enrol you. Once you are enrolled, we will send you a confirmation letter and a statement of fees. |
| 7 | Get ready to start at MIT. Visit manukau.ac.nz/welcome to find out how to hit the ground running on your first day. |

Need help?

If you're not sure about anything, feel free to:

- Call us on 0800 62 62 52 (+64 9 968 8000 if outside New Zealand);
- Message us at manukau.ac.nz/contact/send-us-a-message; or
- Come in and see us at one of our Ask Me! Student Services Centres:
 - Gate12, 53 Otago Road (NA Block), Otago
 - Corner of Manukau Station Road and Davies Avenue (Ground Floor), Manukau



SECTION 1: BASIC DETAILS

To start, please give us some basic information about yourself.

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|----|--|--|---|--|---|---|--|--|---|---|--|--|--|--|---|---|---|---|
| 1 | First Name(s): | | | | | | | | | | | | | | | | | |
| 2 | Middle Name(s): | | | | | | | | | | | | | | | | | |
| 3 | Family Name: | | | | | | | | | | | | | | | | | |
| 4 | Preferred First Name (if different to above): | | | | | | | | | | | | | | | | | |
| 5 | Please let us know if you have used any other name(s): | | | | | | | | | | | | | | | | | |
| 6 | What is your preferred title? <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mx <input type="checkbox"/> Other - Please specify: _____ | | | | | | | | | | | | | | | | | |
| 7 | Date of Birth: <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td></td><td></td></tr> <tr><td>D</td><td>D</td></tr> </table> <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td></td><td></td></tr> <tr><td>M</td><td>M</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> | | | | D | D | | | M | M | | | | | Y | Y | Y | Y |
| | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | |
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| M | M | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | |
| 8 | Legal gender (for ID verification purposes): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary | Tell us which gender you identify with (optional): _____ | | | | | | | | | | | | | | | | |
| 9 | National Student Number (NSN) - if known: | | | | | | | | | | | | | | | | | |
| 10 | Are you a past or current MIT student? <input type="checkbox"/> Yes – please provide your MIT Student Number - if known: _____ <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| 11 | Do you have any applications with MIT that are currently in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| 12 | Tick the box which best describes your citizenship: <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> New Zealand Permanent Resident <input type="checkbox"/> Citizen or Permanent Resident of Australia, Cook Island, Niue or Tokelau <input type="checkbox"/> Other (International Student) – Please complete an International Student Application form. Contact international.application@manukau.ac.nz for more information. | | | | | | | | | | | | | | | | | |
| 13 | Country of Citizenship: | | | | | | | | | | | | | | | | | |
| 14 | Email address - Your email address serves as your digital signature. You must enter your private email address and not a shared email address: | | | | | | | | | | | | | | | | | |
| 15 | Home phone number: | | | | | | | | | | | | | | | | | |
| 16 | Mobile phone number: | | | | | | | | | | | | | | | | | |
| 17 | Home Address: City: Country: Post code: | | | | | | | | | | | | | | | | | |

SECTION 2: STUDY DETAILS

We've got study options for everyone. Our study options can be found at manukau.ac.nz/study.

If you'd like to talk to someone, our Ask Me! Student Services Centres is ready and waiting. Please see details on Page 1.

| | | |
|----|---|--|
| 18 | Do you know which programme/course you would like to apply for? <input type="checkbox"/> Yes (go to question 19) <input type="checkbox"/> No (go to question 20) | |
| 19 | A. Programme Preference One Programme name: <hr/> Programme code: Start date: <hr/> Will you be studying full time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unsure Study option: <input type="checkbox"/> Online <input type="checkbox"/> Onsite <input type="checkbox"/> Online & Onsite If eligible, will you be applying for: (optional) <input type="checkbox"/> Youth Guarantee?* <input type="checkbox"/> Māori Pasifika Trades Training Scholarship?** B. Programme Preference Two (optional) Programme name: <hr/> Programme code: Start date: <hr/> Will you be studying full time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unsure Study option: <input type="checkbox"/> Online <input type="checkbox"/> Onsite <input type="checkbox"/> Online & Onsite If eligible, will you be applying for: (optional) <input type="checkbox"/> Youth Guarantee?* <input type="checkbox"/> Māori Pasifika Trades Training Scholarship?** | |
| 20 | If you are unsure what programme/course you should apply for, please tell us what job or career you might be interested in. Our Ask Me! Student Services Centres will be in touch to discuss your options. | |

* As part of the Youth Guarantee scheme, if you are between the ages of 16 and 24, you may be eligible to study for free. Please note that this only applies to certain programmes. For more information and conditions, please visit manukau.ac.nz/yg

** Māori and Pasifika Trades Training (MPTT) is an initiative to encourage young Māori and Pasifika people to gain trade qualifications, New Zealand apprenticeships and employment. You will be eligible for an MPTT MIT Scholarship if: You are of NZ Māori or Pasifika descent and aged between 16-40 years old; are a New Zealand Permanent Resident or New Zealand Citizen; and enrolled into an approved MPTT programme at MIT. For more information and conditions, please visit manukau.ac.nz/mptt

SECTION 3: APPLICATION DETAILS

In this section, please give us any information to support your application.

| | |
|----|---|
| 21 | Please provide details of any relevant education or training you have received that might help your application: (optional) |
| 22 | <p>If you have provided details in question 21, would you like to apply to cross credit (Credit Recognition and Transfer/CRT) your previous education or training?</p> <p>Cross crediting your previous tertiary education or training may speed up the time it takes to complete your programme/course. Find out more about cross credits at manukau.ac.nz/rpl. Please note that this process may incur a cost.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 23 | Please provide details of previous work or volunteer experience that might help your application or attach a CV with this application: (optional) |
| 24 | <p>If you have provided details in question 23, would you like to make an appointment to discuss RPL?</p> <p>Our Recognition of Prior Learning (RPL) programme is designed for those who already have the on-the-job skills and knowledge that we can measure and match against credits in our courses – creating a tailored path of study that will not only save you money, but also help you to complete your qualification faster. Find out more at manukau.ac.nz/rpl. Please note that this process may incur a cost.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 25 | <p>A. Is English your first language?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (go to question B)</p> <p>B. Please provide details on how you meet the language requirements of this programme.</p> <p>If you do not meet the language requirements, please let us know and we'll be in touch to discuss your options.</p> |
| 26 | If you have any other information that might help your application, let us know here: (optional) |

SECTION 4: PERSONAL DETAILS

Please tell us more about yourself – details you give in this section will not affect your application.

| | |
|----|---|
| 27 | IRD Number: |
| 28 | <p>A. Are you currently enrolled in secondary or high school, or have you completed secondary or high school within the past year?</p> <p><input type="checkbox"/> Yes (go to question B) <input type="checkbox"/> No</p> <p>B. Which secondary or high School did you attend?:</p> |
| 29 | <p>Are you a past or current student of the School of Secondary-Tertiary Studies (SSTS) at MIT?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 30 | <p>Are you the first person in your family to attend Tertiary Education? This includes your parents or siblings.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> |

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|---|---|--|--|---|--|----------------------------------|-------------------------------------|--|------------------------------------|----------------------------------|--|--------------------------------|---------------------------------|-----------------------------------|---------------------------------|--------------------------------|---------------------------------|----------------------------------|-----------------------------------|---------------------------------|---|---|---------------------------------|--------------------------------------|--|---|--|---------------------------------|---------------------------------|-------------------------------------|-------------------------------------|------------------------------------|---------------------------------|-------------------------------------|-------------------------------------|--|
| 31 | <p>A. What ethnic group(s) do you belong to? You may tick up to six boxes.</p> <table border="0"> <tr> <td><input type="checkbox"/> New Zealand Māori (go to question B)</td> <td><input type="checkbox"/> New Zealand European/Pakeha</td> <td><input type="checkbox"/> African</td> </tr> <tr> <td><input type="checkbox"/> Australian</td> <td><input type="checkbox"/> British/Irish</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Cook Island Māori</td> <td><input type="checkbox"/> Dutch</td> </tr> <tr> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> German</td> </tr> <tr> <td><input type="checkbox"/> Greek</td> <td><input type="checkbox"/> Indian</td> <td><input type="checkbox"/> Italian</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Latin American</td> </tr> <tr> <td><input type="checkbox"/> Middle Eastern</td> <td><input type="checkbox"/> Niuean</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Peoples</td> <td><input type="checkbox"/> Other European</td> <td><input type="checkbox"/> Other Southeast Asian</td> </tr> <tr> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> South Slav</td> </tr> <tr> <td><input type="checkbox"/> Sri Lankan</td> <td><input type="checkbox"/> Tokelauan</td> <td><input type="checkbox"/> Tongan</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Not stated</td> <td></td> </tr> </table> <p><input type="checkbox"/> Other - Please specify: _____</p> | | | <input type="checkbox"/> New Zealand Māori (go to question B) | <input type="checkbox"/> New Zealand European/Pakeha | <input type="checkbox"/> African | <input type="checkbox"/> Australian | <input type="checkbox"/> British/Irish | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Dutch | <input type="checkbox"/> Fijian | <input type="checkbox"/> Filipino | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Indian | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Latin American | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Niuean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Peoples | <input type="checkbox"/> Other European | <input type="checkbox"/> Other Southeast Asian | <input type="checkbox"/> Polish | <input type="checkbox"/> Samoan | <input type="checkbox"/> South Slav | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Not stated | |
| <input type="checkbox"/> New Zealand Māori (go to question B) | <input type="checkbox"/> New Zealand European/Pakeha | <input type="checkbox"/> African | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Australian | <input type="checkbox"/> British/Irish | <input type="checkbox"/> Cambodian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Dutch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Filipino | <input type="checkbox"/> German | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Indian | <input type="checkbox"/> Italian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Latin American | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Niuean | <input type="checkbox"/> Other Asian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other Pacific Peoples | <input type="checkbox"/> Other European | <input type="checkbox"/> Other Southeast Asian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Samoan | <input type="checkbox"/> South Slav | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Tongan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Not stated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>B. If you have selected New Zealand Māori, please enter which Iwi you are from. Enter up to six. If you are unsure of your Iwi, please write 'Unsure'.</p> <table border="1"> <tr> <td>Iwi 1:</td> <td>Iwi 2:</td> <td>Iwi 3:</td> </tr> <tr> <td>Iwi 4:</td> <td>Iwi 5:</td> <td>Iwi 6:</td> </tr> </table> | | | Iwi 1: | Iwi 2: | Iwi 3: | Iwi 4: | Iwi 5: | Iwi 6: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Iwi 1: | Iwi 2: | Iwi 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Iwi 4: | Iwi 5: | Iwi 6: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 5: ACCESSIBILITY SUPPORT DETAILS

At MIT, we believe in providing inclusive and accessible support to our students.

Your response to our questions below allows us to let you know what assistance is available. For more information, please visit our Disability Support Services webpage: www.manukau.ac.nz/disability-services.

| | | | | | | | | | | | | | |
|--|--|--|--------------------------------|--|--|--|--|---|--|--|--|--|--|
| 32 | <p>A. Do you describe yourself as disabled, deaf, neurodiverse, Tāngata whaikaha Māori, or living with a long-term physical or mental health condition? The information you provide is collected for statistical purposes and to help us understand our learners.</p> <p> <input type="checkbox"/> Yes (go to questions B and D) <input type="checkbox"/> No (go to question 33) <input type="checkbox"/> Prefer not to disclose (go to question 33) </p> <p>B. If you answered YES to the question above, please indicate which of the following apply to you:</p> <table border="0"> <tr> <td><input type="checkbox"/> Low vision</td> <td><input type="checkbox"/> Blind</td> <td><input type="checkbox"/> Neurodivergent (eg. Autism, ADHD)</td> </tr> <tr> <td><input type="checkbox"/> Deaf (go to question C)</td> <td><input type="checkbox"/> Hard of hearing</td> <td><input type="checkbox"/> Mental health conditions (anxiety, depression, etc)</td> </tr> <tr> <td><input type="checkbox"/> Temporary impairment</td> <td><input type="checkbox"/> Medical (specify below)</td> <td><input type="checkbox"/> Specific learning (eg. dyslexia, dyscalculia)</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other (specify below)</td> </tr> </table> <p>If you selected 'Medical', please specify here: _____</p> <p>If you selected 'Other', please specify here: _____</p> <p>C. If you ticked "Deaf" above, please advise: Are you deaf with New Zealand Sign Language as your first language?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>D. If you answered YES to question 32 A, please select all the supports you need below. The information you provide is collected for statistical purposes and helps make education more accessible to all learners.</p> <p> <input type="checkbox"/> Access to assistive technology (eg, for reading, writing, communication) <input type="checkbox"/> Accessible format resources for course content <input type="checkbox"/> Mobility and transport (eg, navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan) <input type="checkbox"/> New Zealand Sign Language Interpreter <input type="checkbox"/> Support with reading, writing, and communicating in learning sessions, exams, and assessments <input type="checkbox"/> Other learning or disability support. Please specify: _____ </p> | <input type="checkbox"/> Low vision | <input type="checkbox"/> Blind | <input type="checkbox"/> Neurodivergent (eg. Autism, ADHD) | <input type="checkbox"/> Deaf (go to question C) | <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Mental health conditions (anxiety, depression, etc) | <input type="checkbox"/> Temporary impairment | <input type="checkbox"/> Medical (specify below) | <input type="checkbox"/> Specific learning (eg. dyslexia, dyscalculia) | | | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Low vision | <input type="checkbox"/> Blind | <input type="checkbox"/> Neurodivergent (eg. Autism, ADHD) | | | | | | | | | | | |
| <input type="checkbox"/> Deaf (go to question C) | <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Mental health conditions (anxiety, depression, etc) | | | | | | | | | | | |
| <input type="checkbox"/> Temporary impairment | <input type="checkbox"/> Medical (specify below) | <input type="checkbox"/> Specific learning (eg. dyslexia, dyscalculia) | | | | | | | | | | | |
| | | <input type="checkbox"/> Other (specify below) | | | | | | | | | | | |
| 33 | <p>Would you like our Disability Support Team to contact you?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> | | | | | | | | | | | | |
| 34 | <p>In an emergency, would you require help to evacuate the building?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> | | | | | | | | | | | | |

The information you provided above will remain confidential.

Disability Support will use them to discuss with you the most appropriate support to meet your specific needs.

SECTION 6: SUPPLEMENTARY INFORMATION

Please only complete this section if you are applying for programmes in Nursing and Health Studies; Education; Social work; or Sports and Recreation.

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| 35 | <p>Do you have a criminal conviction(s) and/or charge(s) pending?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 36 | <p>Do you consent to completing a Consent of Disclosure of Information form for the NZ Police?</p> <p>Please note that any fees payable to the NZ Police will be invoiced to you by MIT as a fee associated with your enrolment.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 37 | <p>A. Do you have an existing medical, physical or mental health condition that may affect you working with children or adults?</p> <p><input type="checkbox"/> Yes (go to question B) <input type="checkbox"/> No</p> <p>B. If yes, please provide details:</p> |
| 38 | <p>Nursing programmes only - Do you consent to immunisations?</p> <p>Please note that not agreeing to immunisations may impact on your eligibility for certain placements and may be detrimental to your ability to fully participate in the programme and meet qualification requirements. It is recommended that you discuss any concerns or questions about immunisation requirements with the School of Nursing, and School of Health and Counselling prior to completing your application.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 39 | <p>Nursing programmes only - Have you studied on a Nursing or Health related programme with another educational provider?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

PROVIDING DOCUMENTATION

If you have not studied with MIT before, or the documents that you have previously provided have expired, we require:

- a certified copy of your passport/birth certificate to show NZ citizenship or Permanent Residency;
- certified copies of your qualifications to meet entry requirements; and
- English language proficiency (if English is your second language)

Do not send original documents. MIT is not responsible for loss of or damage to original documents.

If you have them available, please attach the above documents when you submit your application. Your application will still be processed without these documents but we cannot secure your place and enrol you at MIT until we have these documents.

WHAT IS A CERTIFIED COPY?

Certified copies are photocopies that have been sighted and signed by either a:

- Justice of the Peace;
- Minister;
- lawyer or equivalent;
- or a designated MIT staff member. You can bring the original version into one of our Ask Me! Student Services Centres to be verified.

Learn more about certified documents here: www.manukau.ac.nz/apply/certifying-your-documents

Other documents

You may also be required to provide additional forms or documents such as:

- Ākonga under 16 years of age: Support of a parent/guardian/caregiver form
- Reference form
- Police vetting form
- Letter of attestation
- Employer form, etc.

[You can download these forms here: www.manukau.ac.nz/study/apply-and-enrol/references](http://www.manukau.ac.nz/study/apply-and-enrol/references)

Please list here all documents that you have attached to this form.

PRIVACY POLICY

Before you submit your application, please read MIT's privacy notice, which is available on the Te Pūkenga website.

www.tepukenga.ac.nz/privacy-notice

Personal information collected on this form and at other times during and relating to your enrolment at MIT is subject to MIT's privacy notice.

DECLARATION

By submitting an application, you agree to the following:

- I declare that the information provided by me on this form is true and correct.
- I understand that failure to disclose required information or the supply of incorrect information may result in my enrolment not being processed, or in my enrolment being cancelled.
- I agree to abide by all Te Pūkenga and MIT statutes, regulations and policies as may be amended from time to time. Copies are available on the MIT website manukau.ac.nz. In particular, you should note Te Kawa Maiooro, the MIT Ākonga Policy and the regulations applying to your programme of study.
- I have read and accept the Privacy and Policy statements printed on this form, and on the Te Pūkenga website.
- I am a citizen/permanent resident of New Zealand or Australia or the Cook Islands or Niue, or Tokelau.
- I acknowledge that all MIT courses and programmes will proceed subject to enrolment numbers and MIT has the right to cancel or postpone an offering of a course or programme prior to its commencement if there are insufficient enrolments.
- I undertake to pay all fees and charges relating to my enrolment and to meet all collection charges associated with debt recovery. Fees must be paid in full, or a signed agreement made for their payment in instalments, by the start of the course. MIT may take such steps as necessary to collect outstanding fees. Refunds and withdrawals will be processed in accordance with Te Kawa Maiooro and the MIT Ākonga Policy .
- I acknowledge that MIT may refuse to permit or may cancel my enrolment, on any of the grounds set out in Te Kawa Maiooro. This includes, but is not limited to, where I am found not to be of good character (including, but not limited to: having a bad debt history; a criminal conviction; or a history of breaching MIT regulations or policies); have been guilty of misconduct or a breach of discipline; am enrolled for full-time instruction in another institution or secondary school; or have made insufficient progress in my studies. I further acknowledge that MIT may withdraw my enrolment from a course where I have not attended in the first three weeks.
- I understand that MIT may need to validate the information provided on this form and attachments.
- I authorise MIT to collect information for this purpose from any agency holding the source of this information.

| | |
|----------------------------|-------------|
| Applicant Signature | Date |
|----------------------------|-------------|

WHEN YOU'VE COMPLETED THIS FORM

Please return it to us at one of our Ask Me! Student Services Centre, send it online, or you can post it for free

SUBMIT ONLINE via
Enquiry Form: www.manukau.ac.nz/enquiry-form; or
LiveChat: <https://direct.lc.chat/12652395>

FREEPOST 73362, C/- Ask Me! Student Services Centre,
Manukau Institute of Technology, Private Bag 94006,
Manukau 2241, Auckland, New Zealand

WHAT HAPPENS NEXT?

Our team will have a look at your application to make sure it's complete.

If it's incomplete, we'll be in touch to let you know what else we need from you.

If you have any questions, please feel free to get in touch with us

- Call 0800 62 62 52 (+64 9 968 8000 if outside New Zealand);
- Message us at manukau.ac.nz/contact/send-us-a-message; or
- Come in and see us at one of our Ask Me! Student Services Centres:
 - Gate 12, 53 Otara Road (NA Block), Otara
 - Corner of Manukau Station Road and Davies Avenue (Ground Floor), Manukau