

Transfer Application for Programme Entry

College of Education



Personal details

Legal surname/Family name			
Legal first name(s)			
Preferred name			
Previous name (if changed)			
Date of birth (DD/ MM/YY)	/ /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Permanent contact address	Valid until (date):		
			Postcode
Term address (if different from above)	Valid until (date):		
			Postcode
Phone numbers	Home ()	Work ()	Mobile ()
Email			

Qualification wishing to transfer to

Start date	Qualification	Year	Delivery and location
eg Feb 2008	eg Bachelor of Teaching and Learning (Primary)	Year 2	eg Fulltime, distance

Transfer of credit

From				To UC	
Institution	Course code	Course title	Points/credits	Course code	Course title

Transfer of credit application fee (your application cannot be processed until your fee is received)

I enclose the fee of \$60.00 Method of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
	Card Number		
	Signature		Expiry date

Citizenship

Place of birth			
Tick the box which best describes your citizenship or permanent residency status	<input type="checkbox"/> New Zealand citizen	<input type="checkbox"/> New Zealand permanent resident	
	<input type="checkbox"/> Australian citizen	<input type="checkbox"/> Other, please specify	

Criminal record

All applicants must complete the attached police vetting form.

Have you ever been convicted of any offence against the law?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you must provide a certified copy of your criminal conviction from the Department of Courts. Your application will be held until this is received.
NB: certain convictions will prohibit you from working with people with disabilities.		

Declaration

I understand that making a false statement is an offence under the Crimes Act 1961. Pursuant to Principle 11(d) of the Privacy Act 1993 I agree to the disclosure and use of the information on this form by the University of Canterbury to authorised bodies in response to requests under statutory authority.

Fees: in signing this enrolment form I undertake to pay all fees as they become due and to meet any late fees and collection charges associated with debt recovery. The University of Canterbury's policy on withdrawal and refund of fees may be obtained from the Enrolment Handbook.

I hereby declare that the information I have given above is true and correct. No information which could have a material bearing on my enrolment has been withheld. I understand that under Principle 6 of the Privacy Act 1993 I have the right of access to personal information held by the University of Canterbury College of Education about me and I also have the right under Principle 7 to request the University of Canterbury to correct any information which is inaccurate. I have an obligation to advise the University of Canterbury when any of the personal information I have provided changes.

Signed		Date	
---------------	--	-------------	--

Please check you have completed the application before forwarding it to:

Student Administration
College of Education
University of Canterbury
Private Bag 4800,
Christchurch 8140, New Zealand

Application checklist

I have enclosed the following documents:

- Official Transcript (stating any Degree Conferred or Eligibility to Graduate, if applicable)
- Summary of learning outcomes for courses to be credited (from year course completed)
- Birth Certificate or Passport Details Page (certified copy)
- Citizenship / Permanent Residency status (if not born in New Zealand) (certified copy)
- Marriage Certificate or Legal Verification of Change of Name (if your name has changed)
- Police consent form
- Payment (your application cannot be processed until your payment is received)

Student Administration
Enrolment, Course Changes, Fees
Tel: +64 3 366 7001, Fax: +64 3 364 2174, Email: enrol@canterbury.ac.nz



Consent to disclosure of information

Licensing & Vetting Service Centre
Office of the Commissioner
PO Box 3017
WELLINGTON 6140

I, (Surname) (Fore Names).....

(Maiden or any other names used)

Sex (M/F)..... Date and Place of Birth.....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence number.....

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the **University of Canterbury, College of Education**. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed Date

Comments of the New Zealand Police

