Study at Victoria

FILL OUT THIS FORM TO RECEIVE FURTHER INFORMATION

|  |  |
| --- | --- |
| First name: |  |
| Full first name(s): |  |
| Email: |  |

WHEN DO YOU THINK YOU’LL BEGIN STUDY?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | 2018 | [ ]  | 2019 | [ ]  | 2020 |  |  |
|  |  |  |  |  |  |  |  |
| Address: |  |
|  |  |
| School (if applicable): |  |
| Date of birth: |  |
| Contact number: |  |

DEGREE(S)/SUBJECTS OF INTEREST

|  |  |
| --- | --- |
|  |  |
|  |  |

ARE YOU AN INTERNATIONAL STUDENT?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |  |  |  |  |

MY ETHNICITY IS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | NZ Maori | [ ]  | Pasifika | [ ]  | Asian | [ ]  | NZ European/Pakeha |
| Other: |  |

I understand that information I have provided will be held and used by Victoria University of Wellington. Under the Privacy Act 1993 I have the right to see this information, and if necessary provide corrections.

**Please complete and return this form to the Science Faculty at CO144 or email** **science-faculty@vuw.ac.nz****.**