**International Student Offer of Place – Student Visa for English language studies (Tertiary)**

If a Student Visa is required, this Offer of Place should be submitted to Immigration New Zealand as part of the Student Visa application, along with a receipt confirming payment of fees covering the period of study (unless applying for Approval In Principle).

|  |  |
| --- | --- |
| Issue date of offer |  |

**Student Details**

|  |  |  |
| --- | --- | --- |
| Name as shown in passport  (the Student) | Given/First names | Family/Last name |
|  |  |
| Date of birth |  | |
| Nationality of passport |  | |

**Provider Details**

|  |  |
| --- | --- |
| NZQA-registered name of provider |  |
| Trading name of provider (if different from above) |  |
| NZQA EER rating (if applicable) |  |
| Delivery site address - City |  |

**Study Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Name - NZQA approved listing |  | | |
| Teaching weeks |  | | |
| NZ study start date | Click or tap to enter a date. | NZ study end date | Click or tap to enter a date. |
| Course hours per week (on campus study) |  | | |

*\*\*For Immigration New Zealand purposes only\*\*All visa labels to be issued for English Language Studies*

**Fees Details**

|  |  |  |
| --- | --- | --- |
| Tuition fee payable for study period | NZD $ | *N.B. Ensure the fees receipt is attached to your visa application* |
| Approval in Principle (AIP) | The Student is seeking approval in principle | Choose an item. |
| Accommodation included | Choose an item. | NZD Amount: |
| Number of accommodation weeks (if included in payment) |  | |

**Education Agency/Retailer/LIA Details** (N.B. anyone assisting with the visa application, in any capacity, should be specified on the Student Visa application)

|  |  |  |  |
| --- | --- | --- | --- |
| Business name (the Agent) |  | | |
| Business address |  | | |
| Representative name |  | | |
| Contact phone |  | Contact email |  |
| LIA number (where applicable) |  | | |

**Provider Declarations**

As a representative of the education provider names in this offer of enrolment, I declare that:

|  |  |  |
| --- | --- | --- |
| 1. | As per the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021, the education provider has assessed and is satisfied that the programme is appropriate for the expectations of the student named in this form, and that the prospective student has the English language proficiency and academic capability to succeed in the programme offered. | Choose an item. |
| 2. | The student will be expected to attend the course in-person at all times as required, at the delivery site named in this form unless there are genuine reasons for absences. | Choose an item. |
| 3. | The education provider has instructed the education agent/retailer or licenced immigration advisor to declare their involvement in the student visa application form. | Choose an item. |

**Declaration for students under 18 years of age**

|  |  |  |
| --- | --- | --- |
| 4. | The Student’s accommodation has been reviewed and complies with The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021. | Choose an item. |

**Declaration for students returning for a further period of study**

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| --- | --- | --- |
| 5. | The student is returning to continue their studies with our school, and their attendance and progress to date has met requirements. An attendance record has been provided. | Choose an item. |

**Provider details and signature**

|  |  |
| --- | --- |
| Name of provider representative | Signed |
|  |  |
| Position held with education provider | Date |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Point of contact for Immigration New Zealand** (to verify information if needed) | | | |
| Contact name |  | Position |  |
| Contact email |  | Contact phone |  |
| 24-hour emergency phone number |  | | |