**International Student Offer of Place (Tertiary)**

All providers must be signatories to The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021.

|  |  |
| --- | --- |
| 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 |  | |
| Student ID number |  | |

**Study Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Student category | Choose an item. | | |
| Course name |  | | |
| Length of course |  | | |
| NZ study start date | Click or tap to enter a date. | NZ study end date | Click or tap to enter a date. |
| Scheduled vacations | Provide website link here:  Click or tap here to enter text. | | |
| Full-time or Part-time |  | | |
| If part-time, please provide further detail |  | | |

**Fees Details**

|  |  |  |
| --- | --- | --- |
| Tuition fee invoiced | NZD $ |  |

**Education Agency/ Licensed Immigration Adviser Details (if applicable)**

Details of any education agent or licensed immigration adviser representing the student at the time the offer is made must be included.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 named 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 is expected to attend the course, in-person, at all times unless there are genuine reasons for absences. | 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. |

**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 |  | | |