

Details Section	
Full Name:	
Postal Address:	
Phone Number:	
Email Address:	
NZQA ID / NSI Number:	
Kaiako Name:	
Programme you are applying to enrol in:	
Campus / Site Name:	
Do you meet the entry criteria for the programme you are applying for:	
Are you applying for / or do you currently have a student loan or allowance?	
PLEASE NOTE:	
This application may affect your student loan and allowances eligibility.	
Please complete the Cross Credit Form	
Ensure you attach documentation that supports your application	
Elisare you attach documentation that supports your application	
understand that this application may affect my student loans, fees and allowances. I als that the information provided in this application is true and correct.	so declare
Tauira Signature:	
Date:	
Appeal If you are not satisfied with the outcome of the application, you may appeal the decision completing the Appeals Application form and submitting it to the Aukaha Taunaki (Head Support)	
TAUIRA CHECKLIST: □ Details Section Completed □ Cross Credit form completed □ Interview completed if required □ NZQA Record of Learning evidence attached and / or □ Copy of an official result transcript or notification or record evidence attached □ Submit application to kaiako for assessment	



Cross Credit Form

lease fill in below the NZQA unit standard/s you would like to Cross Credit.

	NZQA Unit Sta	andards to	be Tran	Cross Creditred to TWoA:		Assessment (Section to be completed by Kaiako and Peer Reviewer)		
Unit No	Unit Name	Level	Credit	Achieved At	Name and attach a copy of an official Transcript or Result Notice or Record of Notice	Paper/ Unit/ Module Code	Title of Paper/Unit/Module	



lease fill in below the ako konae / paper / module you would like to transfer credit.

Credits From							Transfer Credit to TWoA	Assessment (Section to be completed by Kaiako and Peer Reviewer)
Code	Title of Ako Konae / Paper / Module	Level	Credit	Name of Institution Credits Gained	Name and attach a copy of an official Transcript or Result Notice or Record of Notice	TWoA Code	TWoA Title of Ako Konae / Paper / Module	



TWoA CHECKLIST:

Name of K	aiako:				
Date Appli	cation Received from Tauira:				
Date Asses	ssment Completed:				
Assessmen	nt Recommendation:				
□ Ар	prove				
☐ De	cline and state why:				
-	plication and kaiako assessment s viewer.	section completed and submitted to peer			
	commended decision and suppor mmittee Takiwā (ACT)	ting documentation submitted to Academic			
□ No	tified tauira of ACT decision.				
Kaiako Name: Kaiako Signature:					
	eer Reviewer:				
	cation Received from Kaiako:				
	Review Completed:				
MeetEmail					
	w Recommendation: dorse kaiako assessment recomm	nendation			
☐ Do not endorse kaiako assessment recommendation and state why:					
☐ Peer review assessment section completed and returned to kaiako.					
Peer Review Name: Peer Review Signature:					

Academic Committee Takiwā (ACT):



Date Application Received from kaiako	:					
Date of RAC Meeting:						
Decision from Academic Committee Takiwā (ACT):						
☐ Application Approved						
☐ Application Declined						
☐ Application, evidence and assessment viewed by ACT.						
ACT Chairperson: Signature:						
Te Wāhanga Whakauru Tauira:						
Date Received from ACT						
Date Enrolment Processed:						
☐ Letter and relevant evidence filed						