

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?	
<b>PLEASE NOTE:</b> This application may affect your student loan and allowances eligibility.	
Please complete the Cross Credit Form	

**Ensure you attach documentation that supports your application**

I understand that this application may affect my student loans, fees and allowances. I also declare that the information provided in this application is true and correct.

Tauira Signature: .....

Date: .....

**Appeal**

If you are not satisfied with the outcome of the application, you may appeal the decision by completing the Appeals Application form and submitting it to the Aukaha Taunaki (Head Educational 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





**TWōA CHECKLIST:**

<b>Name of Kaiako:</b>	
<b>Date Application Received from Taura:</b>	
<b>Date Assessment Completed:</b>	
<b>Assessment Recommendation:</b>	
<input type="checkbox"/> Approve	
<input type="checkbox"/> Decline and state why:	
<input type="checkbox"/> Application and kaiako assessment section completed and submitted to peer reviewer.	
<input type="checkbox"/> Recommended decision and supporting documentation submitted to Academic Committee Takiwā (ACT)	
<input type="checkbox"/> Notified taura of ACT decision.	
Kaiako Name: .....	
Kaiako Signature: .....	

<b>Name of Peer Reviewer:</b>	
<b>Date Application Received from Kaiako:</b>	
<b>Date Peer Review Completed:</b>	
<ul style="list-style-type: none"> <li>• Meeting</li> <li>• Email</li> </ul>	
<b>Peer Review Recommendation:</b>	
<input type="checkbox"/> Endorse kaiako assessment recommendation	
<input type="checkbox"/> Do not endorse kaiako assessment recommendation and state why:	
<input type="checkbox"/> Peer review assessment section completed and returned to kaiako.	
Peer Reviewer Name: .....	
Peer Reviewer Signature: .....	

<b>Academic Committee Takiwā (ACT):</b>	
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Date Application Received from kaiako:	
Date of RAC Meeting:	
<b>Decision from Academic Committee Takiwā (ACT):</b>	
<input type="checkbox"/> Application Approved	
<input type="checkbox"/> Application Declined	
<input type="checkbox"/> Application, evidence and assessment viewed by ACT.	
ACT Chairperson: .....	
Signature: .....	

Te Wāhanga Whakauru Taura:	
Date Received from ACT	
Date Enrolment Processed:	
<input type="checkbox"/> Letter and relevant evidence filed	