

## ONLINE STUDENT VISA APPLICATION FORM

### INSTRUCTIONS:

Use pen not pencil. Please write clearly.

You can either tick (✓) or cross (X).

For more information or assistance, please email [Areg@ipu.ac.nz](mailto:Areg@ipu.ac.nz) or contact a student support officer.

### A. PERSONAL DETAILS

A.1 FAMILY NAME:

A.2 GIVEN NAME(S):

A.3 DATE OF BIRTH:

A.4 TOWN OF BIRTH:

A.5 STATE/REGION/PROVINCE:

A.6 COUNTRY OF BIRTH:

A.7 CITIZENSHIP:

A.8 PARTNERSHIP STATUS:

<input type="checkbox"/> Married	<input type="checkbox"/> Partner	<input type="checkbox"/> Engaged
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced

A.9 CURRENT ADDRESS:

POSTCODE:

A.10 TELEPHONE:

MOBILE PHONE:

A.11 EMAIL:

A.12 ADDRESS IN HOME COUNTRY:

POSTCODE:

### B. PASSPORT DETAILS

B.1 PASSPORT NUMBER:

B.2 EXPIRY DATE:

B.3 PLACE OF ISSUE:

B.4 COUNTRY:

B.5 HOW LONG DO YOU PLAN TO STAY IN NEW ZEALAND? (Including the time you have already spent here).

<input type="checkbox"/> 6 months or less
<input type="checkbox"/> 6-12 months
<input type="checkbox"/> 12-24 months
<input type="checkbox"/> 24 months and more

### C. PROGRAMME OF STUDY

C.1 NAME OF QUALIFICATION:

C.2 START DATE:

C.3 ACCOMMODATION FEES PAID BY:

<input type="checkbox"/> 1 year	<input type="checkbox"/> Half year
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### D. EMPLOYMENT DETAILS

D.1 PLEASE LIST ALL PERIODS OF EMPLOYMENT, INCLUDING SELF-EMPLOYMENT IN AND OUTSIDE NEW ZEALAND:

START DATE	END DATE	NAME OF EMPLOYER	LOCATION	OCCUPATION

## E. YOUR HEALTH

- E.1 DO YOU HAVE TUBERCULOSIS (TB)?  
☐ YES ☐ NO
- E.2 DO YOU HAVE ANY MEDICAL CONDITION THAT REQUIRES ONE OF THE FOLLOWING DURING YOUR STAY IN NEW ZEALAND?
- |                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| Renal dialysis   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hospital care    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Residential care | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- E.3 DO YOU NEED SPECIAL EDUCATION HELP?  
☐ YES ☐ NO
- E.4 ARE YOU PREGNANT?  
☐ YES  
 Date you are due to give birth  
  
☐ NO
- E.5 HAVE YOU EVER USED INTRAVENOUS DRUGS?  
☐ YES ☐ NO
- E.6 HAVE YOU EVER HAD A BLOOD TRANSFUSION OR A BLOOD PRODUCT TRANSFUSION?  
☐ YES ☐ NO
- E.7 HAVE YOU EVER BEEN INVOLVED IN ANYTHING THAT MIGHT INFECT YOU WITH HIV/HEPATITIS, etc.?  
☐ YES ☐ NO
- E.8 IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS IN E.1 TO E.7, PROVIDE DETAILS.
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- E.9 HAVE YOU PREVIOUSLY SUBMITTED A CHEST X-RAY CERTIFICATE WHICH WAS ISSUED WITHIN THE LAST 36 MONTHS?  
☐ YES ☐ NO
- E.10 HAS THE IMMIGRATION TOLD YOU TO SUBMIT A MEDICAL CERTIFICATE, A CHEST X-RAY CERTIFICATE OR ANY OTHER MEDICAL INFORMATION WITH THIS APPLICATION?  
☐ YES ☐ NO

## F. YOUR CHARACTER

- F.1 HAVE YOU BEEN:
- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| Convicted           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Charged             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Under investigation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- For any offence(s) against the law in any country including New Zealand?
- F.2 HAVE YOU BEEN:
- |                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| Refused entry from | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Refused visa by    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Removed from       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- Any country including New Zealand?
- F.3 ARE YOU CURRENTLY:
- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| Under investigation    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Facing charges         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Wanted for questioning | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- F.4 HAVE YOU EVER BEEN INVOLVED IN ANY TERRORIST ORGANISATION?  
☐ YES ☐ NO
- F.5 HAVE YOU EVER BEEN INVOLVED IN ANY GROUP THAT HAS COMMITTED CRIMES AGAINST HUMAN RIGHTS?  
☐ YES ☐ NO
- F.6 IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS IN F.1 TO F.5, PROVIDE DETAILS.
- 
- F.7 HAVE YOU PREVIOUSLY SUBMITTED A POLICE CERTIFICATE WHICH WAS ISSUED LESS THAN 36 MONTHS AGO?  
☐ YES ☐ NO

## G. RELATIVES/CONTACTS IN NEW ZEALAND (OPTIONAL)

IF YOU HAVE ANY CONTACTS IN NEW ZEALAND, PLEASE FILL OUT THE FOLLOWING:

G.1 FAMILY NAME:  GIVEN NAME(S):

G.2 RELATIONSHIP TO YOU:

G.3 DATE OF BIRTH:

G.4 ADDRESS:   
POSTCODE:

G.5 TELEPHONE:  MOBILE PHONE:

G.6 EMAIL (OPTIONAL):

## H. STUDENT DECLARATION

I have provided true and correct answers to the questions in this form.

I agree to tell Immigration New Zealand about any changes to my circumstances that occur after making this application.

I agree to leave New Zealand before my visa expires. If I remain in New Zealand after my visa has expired, I may be liable for deportation.

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Signature of parent or guardian if applicant is under 18 years old

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## STUDENT CHECKLIST FOR ONLINE VISA APPLICATION

### COME to Reception

- Requisition form (NZ\$250)
- Online Student Visa Application form, completed, signed and dated

SCAN the following documents in the order below and send softcopies to **visa@ipu.ac.nz** as **"IDNumber LastName Year - DocumentNumber.pdf"**

- ☐ 1. Passport photo page
- ☐ 2. Tuition fees receipt. Japan Finance will provide for Japanese students.
- ☐ 3. Evidence of Funds (see "**More Information**" below):  
Please choose one:
  - ☐ NZ\$15,000 in your bank account dated after you pay the tuition fees plus NZ\$2,000 travel cost OR an air ticket leaving New Zealand, or
  - ☐ INZ1014 Financial Undertaking Form completed by parents, or
  - ☐ INZ1025 Sponsorship Form if sponsor has New Zealand PR or Citizenship and lives in New Zealand
- ☐ 4. Previous 3-month bank transaction history. Statement must be in English.
- ☐ 5. INZ1226 Student Visa Declaration form, signed and dated
- ☐ 6. Grade reports for the period of your current visa. If your attendance is below 90%, you must write an explanation letter.
- ☐ 7. Medical insurance certificate. Do not send the tax invoice.
- ☐ 8. (If applicable) a copy of chest x-ray email and/or a police clearance certificate (note E.9, F.7)

## MORE INFORMATION (EVIDENCE OF FUNDS)

**ON-CAMPUS STUDENTS:** If you have paid full accommodation fees, you only need to show NZ\$2,000 in your bank account OR an air ticket leaving New Zealand

If you have paid only half of your accommodation fees, you need to show that you have enough money left in your bank account to pay for the rest, which is NZ\$1,250/month,  
**plus** NZ\$2,000 OR an air ticket leaving New Zealand

**OFF-CAMPUS STUDENTS:** You must have a minimum of NZ\$15,000 to cover living costs for one year (or NZ\$1,250/month),  
**plus** NZ\$2,000 in your bank account OR an air ticket leaving New Zealand

### WHAT IF THE BANK ACCOUNT IS MY PARENT'S?

- Your parent must fill out a Financial Undertaking Form (INZ1014).
- You must provide a birth certificate (if not in English, provide both the original and the translation).

**\*\*Off-campus students only:** you must also provide either your own New Zealand bank statement that shows your name OR a copy of your debit/credit card. This is to prove that you can access the money that your parent sends to you.

**Please note that the visa application process takes at least three weeks. Submit this application one month before your visa expires.**