

ONLINE STUDENT VISA APPLICATION FORM



Use pen not pencil. Please write clearly. You can either tick or cross .

For more information or assistance, please email Areag@ipu.ac.nz or contact a student support officer.

A. PERSONAL DETAILS

A.1 STUDENT ID

A.2 FAMILY NAME

A.3 FIRST NAME(S)

A.4 DATE OF BIRTH

A.5 PLACE OF BIRTH (Town/City/Province)

A.6 COUNTRY OF BIRTH

A.7 NATIONALITY

A.8 PREFERRED TITLE

Mr Mrs Miss Ms

A.9 PARTNERSHIP STATUS

Married Partner Engaged
 Single Widowed Divorced

A.10 NATIONAL ID NUMBER (Chinese and Thai students only)

A.11 CURRENT ADDRESS

IPU New Zealand Off-Campus (write below)

Postcode _____

A.12 TELEPHONE

MOBILE PHONE

A.13 EMAIL

A.14 ADDRESS IN HOME COUNTRY

A.15 APPLYING FOR STUDENT VISA FROM

Applying while inside New Zealand
 Applying while outside New Zealand

B. PASSPORT DETAILS

B.1 PASSPORT NUMBER

B.2 EXPIRY DATE

(Passport should be valid for 18 months from application date)

B.3 COUNTRY

B.4 HOW LONG DO YOU PLAN TO STAY IN NEW ZEALAND?

(Including time you have already spent here)

6 Months or less 6-12 Months
 12-24 Months 24 Months or more

C. PROGRAMME OF STUDY

C.1 PROGRAMME NAME

C.2 START DATE

Year _____ Term _____

C.3 ACCOMMODATION FEES PAID FOR

1 Year Half Year I live off Campus

C.4 TUITION FEES PAID FOR THE PERIOD

August - July April - March

D. EMPLOYMENT DETAILS

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

START DATE (MM/YYYY)	END DATE (MM/YYYY)	NAME OF COMPANY	CITY	COUNTRY	JOB TITLE & MAIN DUTIES

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 Yes No
Hospital Care Yes No
Residential Care Yes 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 PREVIOUSLY SUBMITTED A CHEST X-RAY CERTIFICATE?

Yes No

WAS IT ISSUED LESS THAN 36 MONTHS AGO?

Yes No

HAVE YOU BEEN TO ANY COUNTRY FOR 6 MONTHS OR MORE SINCE THE CERTIFICATE WAS ISSUED?

Yes No

E.6 HAVE YOU EVER HAD A BLOOD TRANSFUSION OR A BLOOD PRODUCT TRANSFUSION?

Yes No

E.7 HAVE YOU EVER USED INTRAVENOUS DRUGS?

Yes No

E.8 HAVE YOU EVER BEEN INVOLVED IN ANYTHING THAT MIGHT INFECT YOU WITH HIV/HEPATITIS/ETC?

Yes No

E.9 IF YOU HAVE ANSWERED YES TO ANY OF QUESTIONS E.1-4 PLEASE PROVIDE DETAILS BELOW

E.10 HAS IMMIGRATION REQUESTED YOU SUBMIT ANY OTHER MEDICAL INFORMATION WITH THIS APPLICATION?

Yes No

If yes, please specify

F. YOUR CHARACTER

F.1 HAVE YOU BEEN

Convicted Yes No
Under Investigation Yes No
Charged Yes No

For any offences against the law in any country including New Zealand?

F.2 HAVE YOU BEEN

Refused entry from Yes No
Refused visa by Yes No
Removed from Yes No

Any country including New Zealand?

F.3 ARE YOU CURRENTLY

Wanted for questioning Yes No
Under Investigation Yes No
Facing Charges Yes 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 QUESTIONS F.1-4 PLEASE PROVIDE DETAILS BELOW

F.7 HAVE YOU EVER LIVED IN ANY COUNTRY OTHER THAN NEW ZEALAND FOR 5 YEARS OR MORE SINCE THE AGE OF 17?

(Not including your country of citizenship)

Yes No

If yes, please specify

F.8 HAVE YOU PREVIOUSLY SUBMITTED A POLICE CERTIFICATE?

Yes No

WAS IT ISSUED LESS THAN 36 MONTHS AGO?

Yes No

F.9 HOW OLD WERE YOU WHEN YOU CAME TO NEW ZEALAND?

G. RELATIVES / CONTACTS IN NEW ZEALAND (OPTIONAL)

G.1 FAMILY NAME

GIVEN NAMES

G.2 RELATIONSHIP TO YOU

G.3 DATE OF BIRTH

G.4 ADDRESS

G.5 TELEPHONE

MOBILE PHONE

G.6 EMAIL

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.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT OR GUARDIAN

(if applicant is under 18 years old)

DATE

STUDENT CHECKLIST FOR ONLINE VISA APPLICATION

SUBMIT THE FOLLOWING DOCUMENTS TO visa@ipu.ac.nz

- 1 Digital visa photo
For more information see: www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/acceptable-photos
- 2 Colour scan of Passport details page
- 3 Tuition fees receipt.
- 4 Evidence of funds and previous 3-month bank transaction history (see next section)
- 5 Evidence of travel (NZ\$2,000 or an air ticket leaving New Zealand)
- 6 Grade reports for the period of your current visa. If your attendance is below 100%, you must write an explanation letter.
- 7 Medical insurance certificate. Do not send tax invoice
- 8 Chest X-Ray reference number (if applicable, see section E)
- 9 Police clearance certificate (if applicable, see section F)
- 10 This completed application form
- 11 Signed declaration form (INZ 1226)
- 12 Completed Requisition Form for:
 - NZ\$275 - inside New Zealand
 - or**
 - NZ\$295 - outside New Zealand (not applicable for Japanese citizen applying from Japan)

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 of your living costs, which is **NZ\$1,250/month, PLUS:**
- NZ\$2,000 in your bank account
 - 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 (NZ\$1,250/month), **PLUS:**
- NZ\$2,000 in your bank account
 - or**
 - an **air ticket** leaving New Zealand
- 3 MONTH BANK TRANSACTION HISTORY** (from at least 3 days after paying fees)
- WHAT IF THE BANK ACCOUNT IS MY PARENTS'?**
- You must provide a birth certificate (both the original and the English translation).
 - You must provide proof you can access the funds either by:
 - Visa credit card
 - or**
 - New Zealand bank account number in your name

Please note that the visa application process takes at least 3 weeks. Submit this application one month before your visa expires.