

# CONFIRMATION OF ACCEPTANCE FORM INTERNATIONAL STUDENTS



Use pen not pencil. Please write clearly.

**FAMILY NAME**

**FIRST NAME(S)**

**STUDENT ID**

Accept the Offer of Place to study

to begin on

**PROGRAMME NAME**

**DATE**

## AGREEMENT TO RULES AND REGULATIONS

I have read and agreed to in the Enrolment and Fees guide

- 1) Tuition and Accommodation Fees (p.2)
- 2) Application and Enrolment guide for admission (p.10-13)

I understand that as a student of IPU New Zealand, if I do not comply with IPU New Zealand's rules and regulations (section 6 of IPU New Zealand Academic Handbook) or the legislation of New Zealand, disciplinary procedures may result in exclusion from the institute. Other instances of other undesirable behaviour on campus may result in fine(s). In case of Academic dishonesty, penalties may also include grade deductions or failure of paper(s). Specifically, I accept that the final date of withdrawal from the programme with eligibility for a 75% refund is 10 working days after my course start date, regardless of my day of arrival. Where I have accepted a place in the 2 years Masters Programme, I am liable to pay the full two years fees. The 75% refund applies to the total two years fees.

**STUDENT SIGNATURE**

## ACADEMIC EXPECTATIONS

- I understand that if I arrive after the course start date, this will affect my attendance record and thus reflect on my overall learning and consequent grades.
- I understand that while attendance is my responsibility, IPU New Zealand expects 100% attendance of all students, and anything less may affect my academic progress.
- I understand the course includes the writing of academic essays and reports with accurate Referencing. If I have not previously done any such writing, it may have an adverse affect on my ability to gain the qualification.
- I have read my programme information on the IPU New Zealand website.

**STUDENT SIGNATURE**

## IMMIGRATION & INSURANCE MATTERS

- I understand that it is my responsibility to understand and comply with immigration and all visa conditions.
- I attest that the primary purpose of my time in New Zealand is to study.
- I understand that, as a part of health and safety procedures, I need to submit a copy of my vaccination certificate(s) to IPU New Zealand.
- I have enclosed the application for medical and travel insurance.

**STUDENT SIGNATURE**

**DATE**

**GUARDIAN SIGNATURE** (If under 18 at time of signing)

**DATE**

## OFFICE USE ONLY

<b>Date Received by office</b>	<b>Received By</b>
<b>Notes</b>	