

INTERNATIONAL STUDENTS

Statement of Agreement



I, _____ understand that I must comply with the Whitireia Community Polytechnic Student Regulations (as stated in the “WCP Enrolment and Information Guide for Students” handbook) and with my Student Visa requirements. My enrolment may be terminated if I fail to do so.

I understand I must have medical/personal insurance. Whitireia Community Polytechnic is not responsible for meeting any costs I incur through illness and accident.

I acknowledge that I have read and accept Whitireia’s Community Polytechnic’s International fees refund policy.

The staff of the International Office may need to contact people concerning a student’s welfare (e.g. if a student is absent and cannot be contacted for several weeks). Please name a contact from your home country (e.g. parent or guardian, education agent, friend). A NZ contact will be required upon arrival.

I agree to inform the staff of the International Office within one week if I change my address at any time during the academic year and I agree that staff of the International Office may contact the following people to provide or request information:

Family Contact, Home Country:

Name: _____

Relationship to student _____

Address: _____

Phone: _____

Student’s Signature _____

Date: _____

New Zealand Contact (required on arrival)

Name: _____

Relationship to student _____

Address: _____

Phone: _____

Ref No: _____

Student ID: _____