

Application for a direct-entry place in Pharmacy

Student Experience - Shared Services Division



Note: Applications must be received by 31 October. In addition to completing this form you will also need to complete an application for University admission via [eVision](#).

Student's details

Enter your full name in this section as shown on your passport or birth certificate.

| | | | | | | | | | | | | | |
|---------------------------|-----------------------------|-------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------|----------------------|-------|----------------------|---------|----------------------|------|
| Student ID | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date of birth | <input type="text"/> | Day / | <input type="text"/> | Month / | <input type="text"/> | Year |
| Title (tick one) | <input type="checkbox"/> Mr | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Mrs | <input type="checkbox"/> Dr | <input type="checkbox"/> other (please specify) | <input type="text"/> | | | | | | |
| Family name | <input type="text"/> | | | | | | | | | | | | |
| Given name(s) | <input type="text"/> | | | | | | | | | | | | |
| Nationality (Citizenship) | <input type="text"/> | | | | | | Contact email address | <input type="text"/> | | | | | |
| Address | <input type="text"/> | | | | | | State/Province | <input type="text"/> | | | | | |
| | | | | | | | Postcode/Zipcode | <input type="text"/> | | | | | |
| | | | | | | | Country | <input type="text"/> | | | | | |
| | | | | | | | Telephone | <input type="text"/> | | | | | |
| | | | | | | | Mobile phone | <input type="text"/> | | | | | |

Appointment of agent (to be completed by the applicant)

Are you using a University of Otago authorised agent to handle your application? Yes No

If yes, please provide the name of the agent

Secondary/High school / Foundation Studies (Please name the school where you are at present, or were last enrolled.)

| | | | |
|---------------|----------------------|---|--|
| School | <input type="text"/> | Country | <input type="text"/> |
| Qualification | <input type="text"/> | Are you completing the final year of a secondary/high school or foundation qualification? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please indicate when the results will be available

Please make sure you upload scanned copies of either your high school or Foundation Study results **OR** forecast or preliminary results on the official letterhead of your school.

Declaration and signature Please read the following declaration and sign below

I declare that all the information now submitted, or which I will later submit, in connection with my application (whether on a physical form, entered electronically, or in any supporting documents) is correct and complete.

I authorise the University of Otago to obtain official records and related information relevant to my application for enrolment from any educational institution that I have previously attended.

I understand that the University reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information provided by me.

I understand that information supplied in connection with my application may be used by (a) members of the University's academic and administrative staff for purposes relating to my application and (b) for purposes external to the University when the information is in statistical form or when the University reasonably believes it is not to my disadvantage for such external use to occur, and also where disclosure is required to comply with the provisions of the Privacy Act 1993.

I understand that I have the right to see, and correct if necessary, information held about me.

Signature

Date

Please email this form to pharmacy.admissions@otago.ac.nz