

## THE UNIVERSITY OF AUCKLAND DISCRETIONARY ENTRANCE

Please print in upper case letters or mark box with X, using a black or dark blue pen. Complete this form ONLY if you do not have a University Entrance qualification AND WILL BE UNDER 20 YEARS OF AGE at the beginning of the semester you wish to enrol in.

EGAL FAMILY NAME						
_EGAL FIRST NAME(S)						
DATE OF BIRTH						
Jniversity of Auckland IE	number (if known)					
I. Secondary Educati	on					
a) Name the secondary sc	hool last attended	1990-E (1990-2008), wales of 1990-1990-1990-1990			en e la provincia (Lessavia Pou Classico e Villiano) (*)	
b) How many years have y	ou attended seconda	ry school? eg. 4,5,6	Are you s	till attending secondary	rschool? Yes $oxed{ imes}$	No
c) If you attended a NZ se	condary school, were	you on an exchange p	orogramme in your f	inal year? Yes	( No X	
ormal qualifications eg. Certified true copy' by a per of Auckland.	Polytechnic study. rson authorised to sig	Verified documents are gn a Statutory Declarat	a photocopy of the ion, such as a JP, Soli	original endorsed with citor, or a duly authorise	ed and/or other relevant the statement 'Original sigh ed staff member of The Univ	ersity
must send a verified Year (eg 2007) Subjec	copy of their offici		nissions Office.		verified copy, <b>School leave</b> e Average	rs
		and the state of t				
		,				
3. Young Scholars Pro		enrol in:				
1. Adviser's Recomme The Applicant may list up Information Sheet. The Adv I.	to 4 programmes, in				programme codes from the ach of these choices.	е
Yes X No X Initial	Yes X	No × Initial		Jo X Initial	Yes X No X Initial	ı
5. Adviser's Reasons for (Attach on separate sheet. Separate School For The University of Aucklasses)	Your application will Principal if at school i	not be processed if the n the school term prio	r to application; oth	erwise a Student Recrui	itment & Course Advice Off f member.	ficer
Signature of Adviser		de America	Signature of P	rincipal rincipal	aa i mat	+ ( Y
Status of Adviser						