

WELCOME TO MANUKAU INSTITUTE OF TECHNOLOGY

# International Student Re-enrolment Checklist

Please complete this form and return as soon as possible to:

**MIT International, Level 2 Student Services Reception, Manukau Campus  
Private Bag 94006, Manukau 2241, Auckland, New Zealand**

Email: [internationaladmin@manukau.ac.nz](mailto:internationaladmin@manukau.ac.nz)

Please read and complete this checklist when you are completing your re-enrolment form.

NOTE:

- When the checklist is completed you may enrol for the next intake.
- A full timetable will be issued by ASKME team once enrolment process completed.
- No place on a programme is guaranteed unless you have completed a re-enrolment form and checklist and full fees have been paid before the start of your course.

**PLEASE COMPLETE THE FOLLOWING**

Name:	Date of Birth:
MIT Student ID No. :	Student Visa Expiry:
Medical Insurance Company Name:	(Please read note below)
Insurance Expiry Date:	
Programme of Study:	
Current Address:	
Phone Number:	Mobile Number:
Email Address:	

**Checklist for re-enrolment**

Have you completed the information box above? (e.g. address, phonenumber, email, etc)

Do you have your passport?

Is your student visa up to date?

Do you have travel and medical insurance?

**PLEASE NOTE: If you have your own insurance we require a copy of this policy received within 5 working days after the programme start date. If this information is not received on the due date, we will insure you through Uni-care. The student will be liable for the charges that are incurred.**

If transferring –(Have you completed a transfer form if transferring to another programme or department? If yes, you need to attach it to this form).

Have you signed your 'authorisation to advise personal information' form?  
e.g. advising MIT if you are in hospital

I confirm that I understand all the information given to me about re-enrolling at MIT and that I have read and understood the Cancellations, Withdrawals and Transfers of International Students policy.

Student signature:	Date: DAY / MONTH / YEAR
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Office use only:	Checked and authorised by:
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