


<b>New Zealand College of Chinese Medicine</b> <b>Domestic Enrolment Form 2026</b>			
P O Box 17467, Greenlane Auckland 1546		Email: <a href="mailto:enrolment@chinesemedicine.ac.nz">enrolment@chinesemedicine.ac.nz</a> Phone: 09 580 2376 or 0800888518	
<b>Welcome to the New Zealand College of Chinese Medicine.</b> <b>Please read the instructions below carefully before you complete this Enrolment Form.</b>			
<b>INSTRUCTIONS</b>			
The purpose of this enrolment form is to obtain information we need to enrol you into a programme or course at our organisation. We also need to collect information from you which is required by government agencies for statistical and registration reasons. Please fill in the form accurately by: <ul style="list-style-type: none"> <li>• Completing all sections of this form.</li> <li>• Printing your answers clearly in blue or black pen, or by ticking the box that applies for multi-choice questions. Do not use red pen or pencil.</li> <li>• Signing the form on page 4 and the Declaration Form on page 9.</li> <li>• Attaching all additional documentation required for government funding purposes. A description of the required documentation is provided on page 7 of this form.</li> </ul>			
<b>A QUALIFICATION</b>			
1	Please tick the qualification you wish to enrol in for 2025	<input type="checkbox"/> Master of Chinese Medicine <input type="checkbox"/> Bachelor of Health Science with major in: <ol style="list-style-type: none"> <li><input type="checkbox"/> Chinese Medicine (CM)</li> <li><input type="checkbox"/> Acupuncture (Acu)</li> </ol> <input type="checkbox"/> Graduate Certificate in Chinese Medicine (Tuina Massage) - (Level 7) <input type="checkbox"/> Diploma in Tuina - (Level 7) <input type="checkbox"/> NZ Diploma in Remedial Massage (Level 6) <input type="checkbox"/> NZ Diploma in Wellness and Relaxation Massage (Level 5) <input type="checkbox"/> NZ Certificate in English (Level 5)-Academic <input type="checkbox"/> NZ Certificate in English (Level 4)-Academic	Office Use
	Qualification Start Date:	_____ / _____ / 2026	
	Qualification End Date (if known):	_____ / _____ / _____	
2	Have you studied at NZCCM before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Do you intend to study:	Part-time <input type="checkbox"/> Full time <input type="checkbox"/>	
4	Please enter the codes of the courses you wish to enrol in for 2026:		
	Course Code:	Course Code:	
	Course Code:	Course Code:	
	Course Code:	Course Code:	
	Course Code:	Course Code:	

	If a Special Plan, please explain(with prior approval only)						
<b>B</b>	<b>PERSONAL DETAILS</b>						
<b>5</b>	<b>Print your full legal name</b>						
	Family Name						
	Given Name(s)						
<b>6</b>	Preferred first name:						
	Previous name(s) you were known by:						
<b>7</b>	If you have previously enrolled at NZCCM under another name, what was that name?						
<b>8</b>	Preferred title	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	
<b>9</b>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>10</b>	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Another Gender <input type="checkbox"/>
		day month year					
<b>11</b>	If you know your NSN (National Student Number), please write it here. <i>If you answered Yes to Question 2, you MUST fill in this section.</i>		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<b>12</b>	NZ IRD Number <i>You MUST provide your IRD number if you are intending to claim Final Year Fees Free after gaining your qualification.</i>		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>				
<b>13</b>	Citizenship and Residency <i>You may need to supply evidence of residence or citizenship*</i>		Tick the box that best describes your citizenship:  New Zealand Citizen <input type="checkbox"/> NZL, go to 12a Australian Citizen <input type="checkbox"/> AUS, go to 12a  Other <input type="checkbox"/> If "Other", Please specify your Country of Citizenship (For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.):  Country of Citizenship: _____  Tick the box if you have New Zealand or Australian Permanent Resident Status: New Zealand Resident Visa Holder <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/>				
<b>14a</b>			During your time studying in this qualification will you be residents in New Zealand or overseas? In New Zealand <input type="checkbox"/> Overseas <input type="checkbox"/>				

14b	<p>Please also specify your fee/assistance status.</p> <p><b>Note:</b> * Always use 00 for New Zealand Citizen; use 00 for New Zealand resident visa holder and Australian Citizen or Australian Permanent Resident residing in New Zealand during the time studying this qualification.</p> <p>** Use 06 for a student enrolled in a programme of study that is:</p> <ul style="list-style-type: none"> <li>A PhD (level 10 on the NZQF); and</li> <li>Wholly research (for example, 120-point thesis)</li> </ul> <p>Use 03 for an international student enrolled in a programme of study that is a Masters (Level 9 on the NZQF) or a Doctoral Programme, excluding PhDs (Level 10 on the NZQF).</p>	<p><input type="checkbox"/> Domestic Student* 00</p> <p><input type="checkbox"/> NZAID Student 01</p> <p><input type="checkbox"/> International Fee-Paying Student (including people on current work visa) 03</p> <p><input type="checkbox"/> Student on a recognised exchange scheme 04</p> <p><input type="checkbox"/> Foreign Research Based Post-Graduate** 06</p> <p><input type="checkbox"/> Diplomatic staff or family, or persons associated with Antarctic Programme 08</p> <p><input type="checkbox"/> International On-Shore PhD student 09</p> <p><input type="checkbox"/> International student doing ITO off-job training 12</p> <p><input type="checkbox"/> Refugee or protected person, yet to be granted a resident visa; the immediate family <sup>[1]</sup>, also without a resident visa, of a person with refugee or protected person status; and those who have made a claim to be recognised as a refugee or protected person 13</p> <p><input type="checkbox"/> 2021 Resident Visa pathway, children aged 25 years or under on 1 January 2022 and residing in New Zealand, of a person on an eligible work visa for the 2021 Resident Visa <sup>[2]</sup> <sup>14</sup></p>																																																																								
15	<p>What ethnic group(s) do you belong to?</p> <p>You may tick up to three boxes, which apply to you*.</p>	<table border="0"> <tbody> <tr> <td>New Zealand European</td><td><input type="checkbox"/> 111</td> <td>Filipino</td><td><input type="checkbox"/> 411</td> </tr> <tr> <td>Māori</td><td><input type="checkbox"/> 211</td> <td>Cambodian</td><td><input type="checkbox"/> 412</td> </tr> <tr> <td>Samoan</td><td><input type="checkbox"/> 311</td> <td>Vietnamese</td><td><input type="checkbox"/> 413</td> </tr> <tr> <td>Cook Islands Māori</td><td><input type="checkbox"/> 321</td> <td>Other Southeast Asian</td><td><input type="checkbox"/> 414</td> </tr> <tr> <td>Tongan</td><td><input type="checkbox"/> 331</td> <td>Chinese</td><td><input type="checkbox"/> 421</td> </tr> <tr> <td>Niuean</td><td><input type="checkbox"/> 341</td> <td>Indian</td><td><input type="checkbox"/> 431</td> </tr> <tr> <td>Tokelauan</td><td><input type="checkbox"/> 351</td> <td>Sri Lankan</td><td><input type="checkbox"/> 441</td> </tr> <tr> <td>Fijian</td><td><input type="checkbox"/> 361</td> <td>Japanese</td><td><input type="checkbox"/> 442</td> </tr> <tr> <td>Other Pacific Peoples</td><td><input type="checkbox"/> 371</td> <td>Korean</td><td><input type="checkbox"/> 443</td> </tr> <tr> <td>British and Irish</td><td><input type="checkbox"/> 121</td> <td>Other Asian</td><td><input type="checkbox"/> 444</td> </tr> <tr> <td>Dutch</td><td><input type="checkbox"/> 122</td> <td>Middle Eastern</td><td><input type="checkbox"/> 511</td> </tr> <tr> <td>Greek</td><td><input type="checkbox"/> 123</td> <td>Latin American</td><td><input type="checkbox"/> 521</td> </tr> <tr> <td>Polish</td><td><input type="checkbox"/> 124</td> <td>African</td><td><input type="checkbox"/> 531</td> </tr> <tr> <td>South Slav</td><td><input type="checkbox"/> 125</td> <td>Other Ethnicity</td><td><input type="checkbox"/> 611</td> </tr> <tr> <td>Italian</td><td><input type="checkbox"/> 126</td> <td>Not Stated</td><td><input type="checkbox"/> 999</td> </tr> <tr> <td>German</td><td><input type="checkbox"/> 127</td> <td></td><td></td> </tr> <tr> <td>Australian</td><td><input type="checkbox"/> 128</td> <td></td><td></td> </tr> <tr> <td>Other European</td><td><input type="checkbox"/> 129</td> <td></td><td></td> </tr> </tbody> </table> <p>If "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other" please specify what specific ethnicity below.</p>	New Zealand European	<input type="checkbox"/> 111	Filipino	<input type="checkbox"/> 411	Māori	<input type="checkbox"/> 211	Cambodian	<input type="checkbox"/> 412	Samoan	<input type="checkbox"/> 311	Vietnamese	<input type="checkbox"/> 413	Cook Islands Māori	<input type="checkbox"/> 321	Other Southeast Asian	<input type="checkbox"/> 414	Tongan	<input type="checkbox"/> 331	Chinese	<input type="checkbox"/> 421	Niuean	<input type="checkbox"/> 341	Indian	<input type="checkbox"/> 431	Tokelauan	<input type="checkbox"/> 351	Sri Lankan	<input type="checkbox"/> 441	Fijian	<input type="checkbox"/> 361	Japanese	<input type="checkbox"/> 442	Other Pacific Peoples	<input type="checkbox"/> 371	Korean	<input type="checkbox"/> 443	British and Irish	<input type="checkbox"/> 121	Other Asian	<input type="checkbox"/> 444	Dutch	<input type="checkbox"/> 122	Middle Eastern	<input type="checkbox"/> 511	Greek	<input type="checkbox"/> 123	Latin American	<input type="checkbox"/> 521	Polish	<input type="checkbox"/> 124	African	<input type="checkbox"/> 531	South Slav	<input type="checkbox"/> 125	Other Ethnicity	<input type="checkbox"/> 611	Italian	<input type="checkbox"/> 126	Not Stated	<input type="checkbox"/> 999	German	<input type="checkbox"/> 127			Australian	<input type="checkbox"/> 128			Other European	<input type="checkbox"/> 129		
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16	<p>If you identified as Māori in Question 15, What is the name of your iwi affiliation??</p> <p>You may enter more than one iwi. If you do not know your iwi, please enter 'Don't Know'.</p>	<p>Iwi:</p> <p>Rohe (Iwi home area):</p> <p>Iwi:</p> <p>Rohe (Iwi home area):</p> <p>Iwi:</p> <p>Rohe (Iwi home area):</p>																																																																								

<sup>1</sup> 'Immediate family' is used as defined by the Domestic Tertiary Students Notice (2)(c) as including the partner and any child in New Zealand of a person recognised as a refugee or protected person, or if the person recognised is a dependent child, their parents and any siblings in New Zealand. Refer to [www.education.govt.nz/our-work/legislation/definition-of-domestic-student/](http://www.education.govt.nz/our-work/legislation/definition-of-domestic-student/)

<sup>2</sup> This category of domestic tertiary student will apply for the 2022 and 2023 calendar years only. The specific criteria are outlined in the Domestic Tertiary Students Notice (2)(j). Refer to [www.education.govt.nz/our-work/legislation/definition-of-domestic-student/](http://www.education.govt.nz/our-work/legislation/definition-of-domestic-student/)

17	What was your MAIN activity or occupation in New Zealand on 1 October 2025 – that is before you began your study? <i>You may tick only one box.</i>	<input type="checkbox"/> Secondary school student 01 <input type="checkbox"/> Non-employed or beneficiary (excluding retired) 02 <input type="checkbox"/> Wage or salary worker 03 <input type="checkbox"/> Self-employed 04 <input type="checkbox"/> University student 05 <input type="checkbox"/> Polytechnic student 06 <input type="checkbox"/> House-person or retired 08 <input type="checkbox"/> Overseas (irrespective of occupation) 09 <input type="checkbox"/> Private Training Establishment student 11 <input type="checkbox"/> Wānanga student 12	
18	Police Vetting is a compulsory part of our admissions process for applicants entering clinical placements or other regulated settings. Applicants are required to submit a Consent Form for Police Vetting, and any associated costs for vetting are the responsibility of the applicant, unless specified otherwise by NZCCM. <i>Domestic Students and APL applicants will be subject to New Zealand Police Vetting, and where applicable, overseas police clearances if they have resided overseas.</i>	<input type="checkbox"/> I Consent to police vetting  <input type="checkbox"/> I have received and signed the Consent Form and have paid the appropriate fee	
19 a	Do you live with the effects of significant injury, long-term illness, or disability?	Yes <input type="checkbox"/>  No <input type="checkbox"/>	
19 b	Disability Support Required? If yes, please provide the relevant diagnosis from a specialist practitioner to specify the support needed:	Yes <input type="checkbox"/>  No <input type="checkbox"/>	
I declare that all information provided about my significant injury, long-term illness, or disability is correct.  Signed by ----- Date -----  <i>The information you supply will be kept confidential and used solely for the purpose of support while studying at NZCCM.</i>			
<b>C ACADEMIC INFORMATION</b>			

20	Secondary Education	<p>a) What was the name of the last secondary school you attended? Include the city and country.</p> <p>_____</p> <p>b) What year was your last at secondary school?    <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>c) What is the highest level of achievement you obtained at secondary school?</p> <p><i>Your highest achievement may be a traditional award such as School Certificate, or you may have earned credits or a National Certificate at a certain level on the National Qualifications Framework (NQF). Your NZQA Record of Achievement will show the standards, credits, and qualifications you have achieved.</i></p> <p><b>Please tick only one box.</b></p> <p> <input type="checkbox"/> No formal secondary qualifications 00  <input type="checkbox"/> 14 or more credits at any level 11  <input type="checkbox"/> NCEA Level 1 or School Certificate 12  <input type="checkbox"/> NCEA Level 2 or 6th Form Certificate 13  <input type="checkbox"/> University Entrance 14  <input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship 15  <input type="checkbox"/> Overseas qualification (IB &amp; Cambridge Exams) 19  <input type="checkbox"/> Other 98  <input type="checkbox"/> Not Known 99         </p> <p>If you selected “Overseas qualification” or “Other,” please provide details of your qualification at secondary school level.</p>
21	Tertiary Education <i>Do not include enrolments in community classes.</i>	<p>Will this be the <b>first time</b> you have enrolled in a University, Subsidiaries of Te Pūkenga (<i>Institutes of Technology or Polytechnics</i>), College of Education, Industry Training Organisation, Government Training Establishment, Private Training Establishment or Wānanga either in New Zealand or overseas <b>since</b> leaving school?</p> <p>No    <input type="checkbox"/>                      Yes    <input type="checkbox"/></p> <p>If you answered “No”, please enter the name of the organisation you studied at and the first year of your enrolment:</p> <p><b>Organisation name:</b></p> <p>_____</p> <p>Year: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>What year do you expect to complete the academic requirements of your course/s in order to graduate with your qualification?</p> <p>Year: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>

22	Please list all of the tertiary qualifications you hold, the month and year you completed each, and the tertiary education organisation that it was completed at.			
		Tertiary education organisation	Qualification	Month and year of completion
		Alternatively, attach your academic transcript from the tertiary education organisation and/or a copy of your NZQA record of achievement.		

D DOCUMENTATION	
	<p>To be treated as a <b>domestic student</b>, and so be entitled to the Government tuition subsidy, you must be:</p> <ul style="list-style-type: none"> <li>a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) <b>or</b></li> <li>a permanent resident of New Zealand <b>or</b></li> <li>a citizen or permanent resident of Australia residing in New Zealand <b>or</b></li> <li>a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship).</li> </ul> <p>If you are studying overseas full-time and face-to-face at a campus or delivery site of a New Zealand tertiary education organisation (TEO), you may also qualify as a domestic student if:</p> <ul style="list-style-type: none"> <li>you are a permanent resident of New Zealand or a citizen or permanent resident of Australia <b>and</b></li> <li>you are studying in an approved country <b>and</b></li> <li>the overseas study is Level 7 or above on the New Zealand Qualification Framework.</li> </ul> <p>The 29 approved countries are in the Asia, Latin America and Middle East regions. A full list is available on the <a href="#">Education New Zealand website</a>.</p> <p>You <b>must</b> provide evidence of citizenship or permanent residency. To do so you must produce one of the following:</p> <ul style="list-style-type: none"> <li>Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.</li> <li>New Zealand passport.</li> <li>A certificate of identity.</li> <li>A statement of Whakapapa, including date of birth, countersigned by a kaumatua.</li> <li>A New Zealand certificate of citizenship.</li> <li>Overseas passport with residency stamp.</li> </ul> <p>You can bring the original documentation to the enrolment desk, alternatively please provide a certified copy. This means a photocopy, photograph or scanned copy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Barrister or Solicitor, Notary Public, Court Register or Deputy Registrar, Member of Parliament, Land Transport New Zealand, Public trust, or local authority employee designated for this purpose.</p> <p>When a learner is in a remote community and unable to access a person listed in the Oaths and Declarations Act, a member of the New Zealand Police, school principal, minister of religion, or general practitioner is acceptable.</p> <p><b>Please note</b> that your name, date of birth, and residency as entered on this enrolment form will be included in the National Student Index, and will be used in Authorised Information Matching programmes with official government information such as the New Zealand Birth Register, to verify the information provided.</p> <p>On occasion, more than one National Student Number is created for an individual. The Ministry regularly monitors the quality of the National Student Index and, when duplicates or errors are discovered, it works with providers and government agencies to merge duplicates and correct errors. This may require the documentation you provide at enrolment being shared between agencies authorised to access the National Student Index to make these corrections.</p> <p>For further information please see: <a href="#">National Student Number (NSN): for schools – Education in New Zealand</a></p>
23	<p>Please list here all documents that you have attached to this enrolment form.</p> <p><i>Documents should be securely stapled to the back of the form.</i></p>
E BANK ACCOUNT DETAILS	
24	<p>In order to process any scholarship/refund/subsidy payment to your account in a timely manner, please provide your bank account details.</p> <p>--- / --- / ---</p>

F CONTACT DETAILS			
25	Home Address and contact Details	<b>Home Address:</b> Street Address:  Suburb:  Town/City:  Post Code:	<b>Postal Address: (if different from home address)</b> Street Address:  Suburb:  Town/City:  Post Code:
		Phone: (    )	Mobile: (    )
		Email:	
26	Address While Studying	<b>Address while Studying (if different from home address):</b> Street Address:  Suburb:  Town/City:  Post Code:	
		Phone: (    )	Mobile:
		Email:	
	Next of Kin or Emergency Contact:	Name:	Phone: (    )

**Please Note: It is the student's responsibility to notify NZCCM of any changes in their contact details whilst enrolled in the College.**

ALTERATIONS or CANCELLATIONS
<p>The College reserves the right to:</p> <ul style="list-style-type: none"> <li>Alter the course content, provision, or fees for any course or programme subject to NZQA and TEC approval.</li> <li>Cancel a course or programme due to insufficient enrolment numbers.</li> <li>Change course delivered in any Semester to meet exit qualification requirements.</li> <li>Make changes to its policies, procedures, and requirements as deemed necessary, subject to Council and Senior Management approval.</li> </ul>



## DECLARATION

**Privacy** – New Zealand College of Chinese Medicine (NZCCM) collects and stores information from this form to:

- manage the business of NZCCM (including internal reporting, administrative processes, and selection of scholarship and prize winners)
- comply with the requirements of the Education and Training Act 2020 and other legislation<sup>[3]</sup> relating to the maintenance of records
- supply information to government agencies and other organisations as set out below.

When required by law, NZCCM releases information to government agencies such as the New Zealand Police, the Department of Justice, the Ministry of Social Development, and the Accident Compensation Corporation (ACC). In handling data supplied by you on this form, government agencies are required to comply with the provisions of the Privacy Act 2020. In signing this enrolment form you authorise the disclosure of your personal information on the understanding that NZCCM will comply with the legal requirements in relation to the use and disclosure of personal information, as set out in the Privacy Act 2020, the Education and Training Act 2020 and other relevant legislation. You are entitled to request for any information that NZCCM holds about you and request to correct any errors in that information. Contact the Enrolments Team – enrolments@chinesemecine.ac.nz

The Privacy Act 2020 has the stated aim of protecting the privacy of individuals. It also governs the collection, use, storage, and disclosure of personal information. The Privacy Act requires NZCCM to collect, hold, handle, use, and disclose personal information in accordance with the twelve information privacy principles in the Act.

<https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html>

### **Supply of information to government agencies and other organisations**

NZCCM supplies data collected on this form to government agencies, including:

- the Ministry of Education
- Education New Zealand
- the New Zealand Qualifications Authority
- the Tertiary Education Commission
- the Ministry of Social Development (in relation to student loans and allowances) and Inland Revenue (student loans)
- Immigration New Zealand (for those who are not New Zealand citizens or permanent residents) and the Ministry of Business, Innovation and Employment
- Agencies that support particular students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards).

Those agencies use the data collected from NZCCM to:

- Administer the tertiary education system, including allocating funding and the administration of the Fees-Free and Fees-Free Trades Training initiatives
- Develop policy advice for the government
- Conduct statistical analysis and research.

Your personal details (name, date of birth, and residency) as entered on this form will be included in the National Student Index and may be used in an authorised information matching programme with the New Zealand Birth Register.

The government agencies above may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government, and for research purposes.

Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.

**Fees** – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. You also acknowledge NZCCM's policy on withdrawal and refund of fees, contained in the NZCCM prospectus.

**Rules** – By signing this enrolment form, you agree to comply with the published NZCCM policies, rules, and regulations regarding attendance, academic integrity and progress, conduct, and use of information.

**Declaration:** I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please ensure you have signed both the Enrolment Form and the Declaration Form before handing to the Enrolments Team.**

<sup>3</sup> This includes legislation governing the maintenance of official records and for accountability for public funding.

<b>Office Use Only</b>			
<b>Date Received:</b>			<b>Interview date:</b>
<b>Application Checked By:</b>			
<b>Additional Documents Required:</b>		<input type="checkbox"/> Proof of ID <input type="checkbox"/> Academic Transcripts <input type="checkbox"/> English Language Test Results <input type="checkbox"/> Other:	
<b>All Documents Received:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date Completed:</b>	
<b>Faculty Recommendation:</b>		<input type="checkbox"/> Accepted <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Rejected  <b>Signature by Head of Faculty:</b>	
<b>Approved by Chair of PMC</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signed:</b>	
<b>Approved by College Principal</b> ( <i>master's degree only</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signed:</b>	
<b>Letter of Conditional Offer Sent:</b>		Date: _____ Sent By: _____	
<b>Enrolment Completed on SELMA &amp; ID</b> _____		Date: _____ Completed By: _____	
<b>Conditional or Confirmation Sent to Student:</b>		Date: _____ Sent By: _____	