

 **MFA 605**

**APPLICATION FOR DOMESTIC STUDENT STATUS**

Please print in block letters using a separate form for each student and return this form to protocol division, ministry of foreign affairs and trade, private bag 18-901, wellington or email to protocol@mfat.govt.nz.

1. **DOMESTIC STUDENT STATUS REQUESTED FOR CALENDAR YEAR:** .............................................
2. **NAME OF MISSION / POST:** ....................................................................................................................
3. **EMAIL OF MISSION / POST:** …………………………………………………...……………………….………
4. **STUDENT’S FULL NAME:** ……………………………………………………...……………………………….

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1. **STUDENT’S DATE OF BIRTH:** ……………………………………………..…………………………………..
2. **FULL NAME OF STAFF MEMBER:** ……………………………………………………………………………

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1. **STUDENT’S RELATIONSHIP TO STAFF MEMBER:** ……………………………………………………….
2. **NAME OF SCHOOL OR TERTIARY INSTITUTE:** ……………………………………………………………
3. **EMAIL OF SCHOOL OR TERTIARY INSTITUTE**: ……………………………………………………………
4. **FULL POSTAL ADDRESS OF SCHOOL OR TERTIARY INSTITUTE**: ……………………………………

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1. **YEAR OF CLASS (PRIMARY OR SECONDARY): OR** ……..………………………………………………

**COURSE OF STUDY (TERTIARY INSTITUTE):** …………………………………...…………………………

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1. **APPROXIMATE DATE FOR COMPLETION OF STUDIES IN NZ:** ………………………………………….

 **for mfat use only:**

 DATE INSTITUTE ADVISED: ............................................................. seal: