

Form B

NEW ZEALAND RESIDENT PACIFIC ORIGINS SUB-CATEGORY

Applicant Name _____

Student ID No _____

Category (Please tick one only)

- Health Science First Year (HSFY)
- Second Year of University Study
- Competitive Graduate
- Alternative Category

ISLAND OF HERITAGE /ORIGIN

ENDORSEMENT

This endorsement should be completed by a leader of a Pacific Island Community Group.

I endorse this application because: _____

Endorser (please print name): _____

Endorser's Signature: _____ Date: _____

Endorser's Designation: _____

Please turn over

Please ensure a certified copy of your birth certificate is attached.

