



**THE UNIVERSITY  
OF AUCKLAND**

**FACULTY OF MEDICAL  
AND HEALTH SCIENCES**

**Section of Audiology**

# **MASTER OF AUDIOLOGY**

## **Pre-Selection Form**

This form must be completed in conjunction with the online application on Student Services Online:  
<http://www.auckland.ac.nz/uoahome/about/apply-now-page/>

No application will be considered complete until both online application and pre-selection form have been completed.

Both the online application and this pre-selection form must be completed before:

**1 November 2011**

Please return this completed form to:

Kirsty McEnteer  
Administrator – Section of Audiology  
Faculty of Medical and Health Sciences  
University of Auckland  
Private Bag 92-019  
Auckland Mail Centre 1142

Phone: 373 7536

Email: [audiology@auckland.ac.nz](mailto:audiology@auckland.ac.nz)

Family Name:..... UOA ID Number (if appropriate):.....

Forenames: .....(please circle preferred name)

Date of Birth:..... Residency:.....

Mailing Address:.....  
.....

(Mailing Address over summer if different to above):  
.....  
.....

Email:.....

Telephone: (Work/Mobile):..... (Home):.....

Alternative Contact (family member or close friend who we can discuss programme offer with if we can't contact you)

Name:.....Contact Phone Number:.....

Relationship to you:.....

Tertiary Qualifications: Cumulative GPA (if known):.....

Also give qualifications being completed this year

Degree/Diploma	Institution	Year Graduated
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

As requested in your application on Student Services Online, please make sure that you have requested a confidential letter of support from an academic referee to be sent directly to the Audiology Administrator (see front cover for address).

Academic Referee's Name:.....

Contact Phone Number:.....

Email Address:.....

Confidential letter of support requested from referee? Yes / No Date Requested?.....

Personal referee's contact details (a letter of support from this person is not necessary).

Personal Referee's Name:.....

Contact Phone Number.....

Email Address:.....

Applicant's Signature..... Date:.....