



**Quick Post**  
 Item type  
 41HC 198000

## BACHELOR OF HEALTH SCIENCE (MEDICAL IMAGING) Application Form

**(Please print clearly)**

First Name

Last Name

\*Student ID

\*E-mail address

Mail Address

Postcode

Mobile Phone No:

Ensure you enter **correct city and postcode details**, if in doubt check at: <https://www.nzpost.co.nz/tools/address-postcode-finder>

Description	Quantity	GST (\$)	Total Amount(\$)
Overseas Registration Medical Imaging			105.00
		TOTAL	

Payment by: Internet Banking      OR      Credit Card

Payable to **Unitec Institute of Technology:**    ANZ Bank -    Account Number: **06 0287 0317573 00**  
 Particulars: **Student ID Number**  
 Code: **MedImage**  
 Reference: **OverseasRego**

**Please complete the following section for credit card payment:**

Visa       Master Card

Name of Bank

Name on credit card

Card Number

Expiry Date  /       Total Amount \$

Signature of Card Holder .....

**STUDENT PLEASE E-MAIL COMPLETED FORM TO UNITEC FINANCE (e-mail?)**

**OFFICE USE ONLY:**

*Processed by:* ..... *Date:* ..... *Receipt no:* .....

After payment, Finance/Cashier please e-mail [form to fees@unitec.ac.nz](mailto:form_to_fees@unitec.ac.nz) to process Overseas Registration.