

ARRIVAL FORM

Please Read These Instructions Carefully

This form must arrive at our office **AT LEAST 2 DAYS** before you arrive in New Zealand
(i.e. Monday - Friday before 4.30pm NZ time)



The
University
of Waikato
Te Whare Wānanga
o Waikato

Do you wish to be met at the airport upon your arrival?

NO Please complete the **SECTION 1** of this form to let us know when you will be arriving in Hamilton.

YES Please complete the **SECTION 1** and **SECTION 2** of this form.

You will be met at Auckland or Hamilton Airport by our complimentary shuttle service and delivered to your Hamilton accommodation. **This service is only possible if you inform us of your arrival details.**

SECTION 1:

Student ID Number:

Family Name: _____

Given Name/s: _____

Country of Origin: _____

Country you are departing from: _____

Date of Arrival in New Zealand: _____

If you DO NOT wish to be met at the airport please indicate when you intend to arrive in Hamilton

Date: _____ Time: _____

SECTION 2:

(Please remember to use New Zealand time)

	DEPARTURE CITY OF ORIGIN	DEPARTURE 1ST STOPOVER	DEPARTURE 2ND STOPOVER	ARRIVAL IN NEW ZEALAND
Name of City:				
Date (day/month/year):				
Time:				
Flight Number:				
Airline Name:				

EXTRA LUGGAGE: Please tell us if you are planning to bring extra luggage (ie. more than two suitcases) so that we can make the necessary transport arrangements. You will be responsible to pay for the extra costs this will incur.

More than 2 suitcases Bicycle Surfboard Golf clubs Skis Other (please specify) _____

If you do not inform us that you are bringing larger items they may have to be left at the Auckland airport and you will have to arrange for them to be sent down at a later stage (you will be responsible for these costs).

Signed: _____

Date: _____

Send the completed form to:

International Student Accommodation Coordinator
Accommodation and Conference Services Office
Private Bag 3105
Hamilton 3240
NEW ZEALAND
Fax : +64 7 838 4058
Email: int.accom@waikato.ac.nz