## **Confirmation of Enrolment**

Kā Pūtea Grants & Scholarships





## Your tertiary provider is required to complete this confirmation of enrolment form.

Once complete, please upload as part of your application on Te Kopa Ora Ngāi Tahu Grants Portal. If you have any questions or require assistance whilst completing this form, please call: 0800 KAI TAHU or email: funds@ngaitahu.iwi.nz

Students Full Name:					
Full Name of Qualification:					
Year of Tertiary Study to date (tick one)	1st	2nd	3rd	◯ 4th	5th+
Type of Study (tick one)					
• Full-Time (120 Credits)					
• Part-Time (less than 120 cre	dits)				
• Limited Full-Time *If you ha	ve selected Limi	ted Full-Time,	please state th	e reason belo	w
Nama of Tarkiaru Inskibuka					
Name of Tertiary Institute:	_				
EFTS/Credits enrolled in for th	e current year:				
Course Start Date:		Cou	rse End Date:		
Institution Stamp and Seal (O	ptional):				
Certifier's Declaration					
l,		of			
am certifying the applicant	's study details.				
Signature			ı	Date	
Phone		Email			
		2111011			