



## SECTION 1 - APPLICANT'S INFORMATION

Family name \_\_\_\_\_  
First name/s \_\_\_\_\_

Please attach your initial research proposal, including the proposed field and depth of study, resources required and planned timetable. (Guidelines on preparing the proposal are available from departments, the postgraduate student handbook and [http://www.waikato.ac.nz/sasd/files/pdf/postgraduate/form\\_2.pdf](http://www.waikato.ac.nz/sasd/files/pdf/postgraduate/form_2.pdf)). This application form and proposal must be passed to the Chief Supervisor for completion and endorsement.

## SECTION 2 - PROPOSED RESEARCH TOPIC

Proposed research topic \_\_\_\_\_

Please note that this must be from the first day of a month and that it is not possible to backdate an application for more than two months.

Proposed start date of PhD / MPhil / EdD / SJD \_\_\_\_\_

The following sections should be completed by the supervisors, the chairpersons of departments and the School of Studies or Faculty representatives.

### Supervisory panel

All members of the supervisory panel must sign below to indicate their availability and suitability to supervise the research outlined in the attached proposal. The minimum supervisory requirements are two University of Waikato staff members for the PhD and one University of Waikato staff member for the MPhil. Members of the supervisory panel who are not members of staff of the University of Waikato must include a brief CV outlining their experience supervising graduate / higher degrees students and research experience, especially current research projects.

## SECTION 3 - CHIEF SUPERVISOR

Full name \_\_\_\_\_

Department \_\_\_\_\_

Are you on the University of Waikato Chief Supervisors register?  Yes  No

Have you attended a postgraduate studies workshop?  Yes  No Academic title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Candidates proposed paper code (i.e. ENMP 900) \_\_\_\_\_ Signature \_\_\_\_\_

## SECTION 4 - OTHER MEMBERS OF SUPERVISORY PANEL

1. Full name \_\_\_\_\_

Department / Institute address \_\_\_\_\_

Are you on the University of Waikato Supervisors register?  Yes  No If 'No' please attach a CV

Academic title and qualifications \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

2. Full name \_\_\_\_\_

Department / Institute address \_\_\_\_\_

Are you on the University of Waikato Supervisors register?  Yes  No If 'No' please attach a CV

Academic title and qualifications \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

3. Full name \_\_\_\_\_

Department / Institute address \_\_\_\_\_

Are you on the University of Waikato Supervisors register?  Yes  No If 'No' please attach a CV

Academic title and qualifications \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

**SECTION 5 - APPROVAL BY CHAIRPERSONS**

Please note that, if the applicant is enrolled in more than one department, chairpersons of both departments must complete this form and the EFTS section of this form.

**Department 1**

Name of Chairperson \_\_\_\_\_

Department \_\_\_\_\_

The applicant satisfies the academic requirements (honours or masters degree with a minimum of second class honours (division 1) in the appropriate subject(s) for study in this department).  Yes  No

Adequate supervision is available  Yes  No

Adequate resources are available  Yes  No

Special arrangements will be required for the application to undertake the purposed research in this department (please explain on a separate sheet).  Yes  No

EFTS apportionment \_\_\_\_\_ % of EFTS

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department 2**

Name of chairperson \_\_\_\_\_

Department \_\_\_\_\_

The applicant satisfies the academic requirements (honours or masters degree with a minimum of second class honours (division 1) in the appropriate subject(s) for study in this department).  Yes  No

Adequate supervision is available  Yes  No

Adequate resources are available  Yes  No

Special arrangements will be required for the application to undertake the purposed research in this department (please explain on a separate sheet).  Yes  No

EFTS apportionment \_\_\_\_\_ % of EFTS

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 6 - APPROVAL BY SCHOOL OR FACULTY POSTGRADUATE STUDIES REPRESENTATIVE**

I recommend / do not recommend the applicant for registration for the degree of  PhD  MPhil  EdD  SJD  
Comments (including suggested academic conditions for conditional enrolment) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_