## Application to enrol form for new students (PhD / MPhil)

This Application Form is for students who are NEW to the University of Waikato.
 Complete this form or apply online at www.waikato.ac.nz

Other Southeast Asian

Other

The Application Guide and University of Waikato Prospectus provide information regarding qualifications.
 You can phone 0800 WAIKATO (0800 924 528) to obtain a copy or for further information and advice.



You can phone 0800 WAIKATO (0800 924 528) to obtain a copy or for further information and advice. Te Whare Wānanga o Waikato Teacher Education and Computer Graphic Design applicants must also complete supplementary forms. International students need to contact the Student Information Centre on 64-7-838 4176 for the Application Form for New International Students, email: enrol@waikato.ac.nz, or go to: Intended year of study www.waikato.ac.nz/international/ or apply online at www.waikato.ac.nz Domestic/PR New PhD/MPhil SECTION 1 - YOUR DETAILS ID Number You must attach a verified copy of your birth certificate National Student Number (NSN) ) Enclosed (If known) or passport and evidence of any change of name Citizenship Family name You must supply evidence of your citizenship. Enclosed (Your legal surname) First name (Your legal first name) ) a New Zealand citizen Attach a verified copy of your evidence of citizenship Second name(s) an Australian citizen Attach a verified copy of your Australian birth certificate or passport Previous name(s) a Permanent resident in New Zealand This was my Family Name First Name Attach a verified copy of your residence permit and passport a citizen of another country \_ Preferred name(s) Please state country and attach a verified copy of your passport Family Name First Name This is my Gender ) Male Female Postal address The University will use this address to contact you at all times. You must advise the Student Information Centre (call 0800 WAIKATO) if your contact details change. Date of birth Dav Month Number and Street Will you be resident in New Zealand for the period of your study? Suburb **Ethnic Identity** City To which ethnic group(s) do you belong? Tick up to three boxes New Zealand European / European / Pakeha Country New Zealand Māori Iwi (optional) Telephone Cell phone Fax African Japanese Australian Korean You will be issued with a university email account once your enrolment is complete. British / Irish Latin American **Emergency contact details** Cambodian Middle Eastern Chinese Niuean Name Cook Island Māori Polish Dutch Samoan Number and Street Fijian South Slav Surburb Filipino Sri Lankan German Tokelauan City Greek Tongan Indian Vietnamese ( ) Italian Other Asian If you intend to apply for a student loan or allowance, you must Other European apply directly to StudyLink. Apply at least six weeks before your ( ) Other Pacific Island Groups

classes start. Contact StudyLink on 0800 88 99 00 to make an application

or apply online at www.studylink.govt.nz

	secondary scho		rice overseas.								
Last	<b>year</b> of attendar	nce									
2a. :	Secondary Schoo	ol Results	Evidence of resul	ts attached	d						
NC	FA Level 2 credi	its, Unit Standards, Sixth	Form Certificate	grades or	other						
140	Year	its, Offic Standards, Sixtif	Subject	grades or	Other		NCEA Level	NCEA	Unit Std	Unit Std	SFC Grac
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2b.											
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Indicate your main activity on 1 O	ctober 2006. <b>Tick onl</b>	y one box				
Secondary school student	Self-employed		College of educati	on student	Wānanga student	
Unemployed or other beneficiary University student			Houseperson or re	etired	Private training establishmen	
Wage or salary earner Polytechnic student			Overseas		student	
wage of salary earlier	or otytechnic studen		) Overseas			
SECTION 5 - ADMISSIO  How do you wish to apply for adm						
			Yes	No	Year	
Sitting NCEA Level 3 in 2006					2006	
With University Entrance through NCE	:A					
With University Entrance through Burs	ary examinations before	2004				
Gained University Entrance before 198	36					
Gained admission to a New Zealand un	niversity					
Provisional or Discretionary entrance*						
If you are under 20 years of age: Fill out the Provisional / Discretionary er						
this application form with a copy of you A copy of this form can also be obtained						
By special admission, if you are over 20	years of age on the first	day of the semester*	•			
Have passed papers at a polytechnic or	r other tertiary institution	า*				
Have an entrance qualification from ov	verseas secondary school	ing, CIE, IB or other*				
Have attended an overseas university						
If yes, enter the overseas qualific	cation					
Was your study in English?						
My papers do not require University Er	ntrance e.g. Te Timatanga	Hou, CUP		$\overline{}$		
* You may be charged an admission fee of \$50.0						
SECTION 6 - STUDENTS  Do you live with long term affects  For further information visit www.	of injury, illness or diswaikato.ac.nz/disabilit	sability? Yes	No If Yes, so	ee Appendix 4	at the back of the Application G	
Type of disability. <b>Tick as applical</b>		NA - P I			and the language of the langua	
Blind	$\circ$	Medical		$\tilde{\frown}$	pecific learning disability	
Deaf	<u> </u>	Mental health		$\tilde{\bigcirc}$	peech	
Head injury	$\tilde{\circ}$	Physical / mobility			emporary	
Hearing impaired	$\cup$	RSI / OOS (Occupati	onal Overuse)	() V	isually impaired	
Other, please describe						
SECTION 7 - DECLARAT	TION					
I declare that the information I have withheld any information which co						
I agree to supply any further docu	•	•		-		
I have read the statement regardin will hold, use and disclose informa	g the Privacy Act 1993 tion which I have prov	β (page 27 in the Αρ rided as explained in	oplication Guide) n that statement.	and I understa I also unders	and that the University of Waika	
access to information about me hounder the Privacy Act 1993.  I also acknowledge that, in terms of the status of my loan application a					hat StudyLink will need to disclo	
under the Privacy Act 1993. I also acknowledge that, in terms o	and any supporting loa	n information to th	ne University of V	Vaikato.	•	
under the Privacy Act 1993. I also acknowledge that, in terms o the status of my loan application a Some personal information will be	and any supporting loa	n information to th	ne University of V	Vaikato.	ng programme for the purposes	

SE	CTION 8 - PAY	MENT OF FEES							
Yo	You need to plan how your fees will be paid. Payment options available are:								
a) (	a) cheque, credit card, eftpos, cash								
b) :	o) student loan								
c) (	c) other arrangements (scholarship, sponsorship, training incentive allowance).								
Yo	Your exact fees will be detailed on the Enrolment Agreement which will be sent to you once your application has been approved.								
yo		r a student loan or allowance, y ict StudyLink on 0800 88 99 00							
SE	ECTION 9								
W	Where have you heard about the University of Waikato in the past 12 months?								
	Advertisement	Embassy/Trade office	Friend/Family	Other Institution	Seminar				
	Agent	Education Fair/Expo	Internet	Other University	Waikato visit				
	Brochure	English Language School	Newspaper article	School/College	Other				
' W	hat is a verified doc	rument?							
A١		ocopied document signed by sc	omeone of suitable standin	g such as a school principal, k	aumātua, Justice of the Peace				
Th	his person will need to see the original document and will check that the photocopy is a genuine, unaltered copy. They will then sign, date not stamp the photocopy with an official stamp, or will write "certified original sighted and this is a true copy of that original".								
Un	Iniversity staff at the Student Information Centre can also verify your documents.								
vei	OTE: You cannot send in a photocopy of a verified copy or fax a verified copy. We need the original version of the verified copy ie, the erification name, signature and date, must be original. The University does not send back these documents. Once received, they become part your University record.								
Ple	ease do not submit ori	ginal documents, keep them f	or your own personal reco	ords.					
Ch	neck list								
На	ive you?								
$\subset$	Signed the student declaration (Section 7)								
C	Provided a verified copy of your birth certificate/passport and permits								
	) Provided a verified	Provided a verified copy of evidence of any change of name (if your name is different from that on your birth certificate)							
	Provided evidence of your citizenship								
	Written a statement in support of your application								
	Provided evidence of previous tertiary study (if applicable)								
$\subset$	Research proposal (if applicable ie. PhD, MPhil)								
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0	Office use								
		Referred t	0	Note	Actioned				
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C	Credit								
			,						
	Data entered by:				Date:				
Δ	Admission checked by:				Date:				

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 studio handbook and 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.

Proposed research topic						
Please note that this must be from the first day of a month and tha	t it is not possible	to backdate an app	olication for more than two months.			
Proposed start date of PhD/MPhil	_					
The following sections should be completed by the supervisors, the ch	airpersons of depa	artments and the Sch	nool of Studies or Faculty representative			
Supervisory panel All members of the supervisory panel must sign below to indicate the proposal. The minimum supervisory requirements are two University member for the MPhil. Members of the supervisory panel who are not their experience supervising graduate/higher degrees students and re	of Waikato staff r members of staff	nembers for the PhI of the University of	D and one University of Waikato staff Waikato must include a brief CV outlini			
SECTION 11 - 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)						
SECTION 12 - OTHER MEMBERS OF SUPERVIS	ORY PANEL					
1. Full name						
Department / Institute address						
Are you on the University of Waikato Supervisors register?	( ) Yes	_	o' please attach a CV			
Academic title and qualifications	O	<u> </u>	, , , , , , , , , , , , , , , , , , ,			
Phone						
Signature						
Signature						
2. Full name						
Department / Institute address						
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Academic title and qualifications	Ü		•			
Phone						
Signature						
3. Full name						
Department / Institute address						
Department / Institute address  Are you on the University of Waikato Supervisors register?	Yes	O No If 'No	o' please attach a CV			
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## ▼ SECTION 13 - 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 O No Special arrangements will be required for the application to undertake the purposed research in this department (please explain on a separate ( ) Yes ( ) No % of EFTS EFTS apportionment \_\_ 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 No Yes 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 O No EFTS apportionment \_\_\_ % of EFTS \_\_ Date \_ SECTION 14 - APPROVAL BY SCHOOL OR FACULTY POSTGRADUATE STUDIES REPRESENTATIVE I recommend/ do not recommend the applicant for registration for the degree of ( ) PhD () MPhil Comments (including suggested academic conditions for conditional enrolment) Signature \_ \_\_ Date \_\_

Please return the completed form to the Enrolment Office, The Gateway, the University of Waikato, Private Bag 3105, Hamilton 3240, New Zealand