

Application to Enrol – Doctor of Education (EdD) – Part 1

Postgraduate Studies

Student and Academic Services Division
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THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

▼ CANDIDATE'S DETAILS

National Student Number (NSN) *If known*

Student ID

Family Name *Your legal surname*

First Name *Your legal first name*

Second Name(s)

Previous name(s)

Date of Birth

Gender

Male

Female

Postal Address

Phone

Cell phone

Email

Department(s)

Faculty/School

Chief Supervisor

I intend to study

Full time

Part time

Are you a University of Waikato staff member

Yes

No

If yes, how are you employed

Full time

Part time

Name of Department or Division

MINISTRY OF EDUCATION INFORMATION

New Zealand Citizen Australian Citizen Permanent Resident of NZ

International Student Country of Citizenship

Attach a verified copy of your passport and study permit _____

Will you be living in New Zealand for the duration of your study? Yes No

If you have previously attended The University of Waikato, go to the question on Previous Tertiary enrolment below. If you have not attended The University of Waikato previously, please state

Occupation on 1 October of previous year _____

Last Secondary School Attended _____ Last Year of Attendance _____

Name of Your Highest Secondary School Qualification and Year Attained _____

Previous Tertiary Enrolment: List your tertiary qualifications below. For qualifications not completed at The University of Waikato, you must attach originals or verified copies of your academic transcripts and certificates to this form.

Institution	Qualification	Years enrolled		Qualification completed	
		From	To	Yes/No	Year

The University of Waikato has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at <http://www.minedu.govt.nz>

Other Enrolment Information

English Language Proficiency: If you have studied overseas where instruction is not in English, you must provide evidence of your competence in English to study for a higher degree. The University considers that a TOFEL score of 600 or an IELTS score of 6.5 is evidence of such competence. Other evidence will also be considered in exceptional circumstances. Submit your evidence with this form. Please note that, if necessary, a range of English language competency courses are available at The University

Will your research be done in conjunction with any other institution? Yes No

Do you expect to live mainly overseas during the period of study? Yes No

Do you live with the long-term effects of injury, illness or disability? Yes No

Would you like more information on the University’s services for students with special needs? Yes No

DECLARATION

I declare that the information I have provided in this application and in any attached documentation is true and correct, and that I have not withheld any information which could have a bearing on my enrolment or the conditions of my enrolment. I agree to supply any further documentation requested by the University of Waikato for the purpose of my enrolment. I have read the statement regarding the Privacy Act 1993 (refer to www.waikato.ac.nz/go/privacy1993) and I understand that the University of Waikato will hold, use and disclose information which I have provided as explained in that statement. I also understand that I have the right to have access to information about me held by the University of Waikato and to request correction of that information, in the terms provided for under the Privacy Act 1993. I also acknowledge that, in terms of the Privacy Act 1993, it is for a purpose connected with my enrolment that StudyLink will need to disclose the status of my loan application and any supporting loan information to the University of Waikato. Some personal information will be used by the Ministry of Education in an authorised information matching programme for the purposes of the National Student Index.

Candidate’s signature _____

Date _____

RESEARCH PORTFOLIO

Proposed Programme for the Research Portfolio: DSOE995

How long do you plan to be enrolled in the EdD Part 1 programme _____

The EdD regulations allow a maximum of 1 year in Part 1 if you are enrolled on a full time basis or 2 years on a part time basis

Professional Experience

Because this is a professional doctorate, information on both academic and professional experience is required in order to determine your eligibility for admission to assist with planning of your course of study. Please attach your professional history or curriculum vitae. The curriculum vitae should include details of your publications (if any) and previous research experiences.

Date of Enrolment When would you like your enrolment to start? 01 / /

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 requirement for all University of Waikato Higher Degrees is at least **two** panel members, the chief supervisor must be a continuing staff member of the University. All members of the supervisory panel must be approved by the Postgraduate Research Committee and be on the University's Supervisors Register. Please contact postgrad@waikato.ac.nz for more information.

Chief Supervisor

▼ Title _____ Full Name _____
Department _____
Phone _____ Email _____
Are you approved onto the University Supervisor's Register Yes No
Will there be any conflicts of interest if you join this supervision panel? Yes No
Please indicate how many panels you are a member of as a: _____ Chief Supervisor _____ Co-supervisor
Signature _____ Date _____

Other Members of Supervisory Panel

▼ Title _____ Full Name _____
Department _____
Phone _____ Email _____
Are you approved onto the University Supervisor's Register Yes No
Will there be any conflicts of interest if you join this supervision panel? Yes No
Please indicate how many panels you are a member of as a: _____ Chief Supervisor _____ Co-supervisor
Signature _____ Date _____

▼ Title _____ Full Name _____
Department _____
Phone _____ Email _____
Are you approved onto the University Supervisor's Register Yes No
Will there be any conflicts of interest if you join this supervision panel? Yes No
Please indicate how many panels you are a member of as a: _____ Chief Supervisor _____ Co-supervisor
Signature _____ Date _____

TO BE COMPLETED BY THE CHAIRPERSON OF DEPARTMENT 1

I approve this application to enrol

I do not approve this application to enrol

The applicant satisfies the academic requirements for study
Honours or Masters with minimum 2nd class honours (1st division)

Yes

No

Special arrangements will be required to undertake the
proposed research in this department

Yes

No

Adequate supervision is available

Yes

No

Adequate resources are available

Yes

No

Comments

EFTS Apportionment Dept 1

% of EFTS

COD Signature

EFTS Apportionment Dept 2

% of EFTS

COD Signature

Name

Department

Signature

Date

TO BE COMPLETED BY THE CHAIRPERSON OF DEPARTMENT 2 (IF APPLICABLE)

I approve this application to enrol

I do not approve this application to enrol

The applicant satisfies the academic requirements for study
Honours or Masters with minimum 2nd class honours (1st division)

Yes

No

Special arrangements will be required to undertake the
proposed research in this department

Yes

No

Adequate supervision is available

Yes

No

Adequate resources are available

Yes

No

Comments

Name

Department

Signature

Date

TO BE COMPLETED BY THE FACULTY/SCHOOL POSTGRADUATE RESEARCH COMMITTEE REPRESENTATIVE

I approve this application to enrol

I do not approve this application to enrol

Comments

Name

Signature

Date