**Part 1 – Applicant to complete**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | ID number: |  |

|  |  |
| --- | --- |
| **1.** Have you had contact with specific staff at the University of Waikato regarding your proposed area of study? Yes or No |  |
| If yes, please provide names of staff: |  |
| **2.** Do you have any available funding (e.g. scholarships) to support your proposed study? Yes or No |  |
| If yes, please specify: |  |
| **3.** When would you like your enrolment to start? | 01 / /  |
| *(Enrolment can commence on the first of the month between February and November)* |
| **4.** Do you intend to enrol full-time (min 30hrs/week) or part-time (min 15hrs/week)? |  |
| **5.** Are you currently, or have you previously been enrolled in a doctorate at another institution? Yes or No |  |
| *(If you answered ‘Yes’ to question 5 please answer questions 6 – 8)* |  |
| **6.** Which University were you enrolled in? |  |
| **7.** Is your enrolment still active? |  |
| **8.** Did you complete your studies? |  |

**Ethical Declaration**

*Ethical approval is required for all research involving human subjects (including medical and teaching related research), animals, genetically modified organisms or sensitive official and archival documents. Please select the appropriate statement below:*

|  |  |
| --- | --- |
| □ | This research involves the participation of human or animal subjects, genetically modified organisms or sensitive official or archival documents. An application for ethics approval will be submitted to the Faculty Ethics Committee during the period of conditional enrolment, **OR** |
| □ | This research does NOT involve the participation of human or animal subjects, genetically modified organisms or sensitive official or archival documents. Therefore there is no requirement to submit an application for ethics approval to the Faculty Ethics Committee during the period of conditional enrolment |

**Domestic applicants:** Please complete the form to this point and send it to your proposed chief supervisor. The Faculty will complete Part 2. Once completed this form should be uploaded as a supporting document to your online application to enrol. Please ensure you upload your initial research proposal and academic transcripts to your online application to enrol.

**International applicants:** Please complete the form to this point and submit it for consideration with your online application. Please ensure you have provided your initial research proposal, academic transcripts, copy of passport and evidence of English language competency.

**Part 2 – University of Waikato to complete**

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. **The University recommends that a chief supervisor have a maximum of six (6) doctoral candidates for whom they hold chief supervision responsibility.** Exceptions to this recommendation are managed by Faculty Deans.

**Chief Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Full Name |  |
| Department/School |  |
| Phone |  | Email |  |
| Are you approved onto the University Chief Supervisor’s Register? Please circle | Yes / No |
| Will there be any conflicts of interest if you join this supervision panel? Please circle | Yes / No |
| Ethical approval is required for this research? Please circle | Yes / No |
| How many panels are you on as a: |  | Chief Supervisor |  | Co-supervisor |
| Candidate’s paper code for enrolment |  |
| Signature |  | Date |  |

**Additional panel member details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Full Name |  |
| Department/School |  |
| Phone |  | Email |  |
| Are you approved onto the University Chief Supervisor’s Register? Please circle | Yes / No |
| Will there be any conflicts of interest if you join this supervision panel? Please circle | Yes / No |
| Ethical approval is required for this research? Please circle | Yes / No |
| How many panels are you on as a: |  | Chief Supervisor |  | Co-supervisor |
| Signature |  | Date |  |

**Additional panel member details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Full Name |  |
| Department/School |  |
| Phone |  | Email |  |
| Are you approved onto the University Chief Supervisor’s Register? Please circle | Yes / No |
| Will there be any conflicts of interest if you join this supervision panel? Please circle | Yes / No |
| Ethical approval is required for this research? Please circle | Yes / No |
| How many panels are you on as a: |  | Chief Supervisor |  | Co-supervisor |
| Signature |  | Date |  |

**Chair of Department/Head of School 1**

|  |  |
| --- | --- |
| I approve this application to enrol. Please circle | Yes / No |
| The applicant satisfies the academic requirements for direct entry Honours or Masters with minimum 2nd class honours (1st division) | Yes / No |
| ***If you answered no above, please provide justification for acceptance on page 4*** |
| Special arrangements will be required to undertake the proposed research in this Department/School (please detail below) | Yes / No |
| Adequate supervision is available | Yes / No |
| Adequate resources are available | Yes / No |
| I support an English language waiver | Yes / No |
| Comments: |
|  |
|  |
| Name |  | Dept/School |  |
| Signature |  | Date |  |

**EFTS Distribution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School 1 |  | % of EFTS |  | Signature |  |
| School 2 |  | % of EFTS |  | Signature |  |

**Chair of Department/Head of School 2**

|  |  |
| --- | --- |
| I approve this application to enrol. Please circle | Yes / No |
| Special arrangements will be required to undertake the proposed research in this Department/School (please detail below) | Yes / No |
| Adequate supervision is available | Yes / No |
| Adequate resources are available | Yes / No |
| Comments: |
|  |
|  |
| Name |  | Dept/School |  |
| Signature |  | Date |  |

**Postgraduate Research Committee Representative**

|  |  |
| --- | --- |
| I approve this application to enrol. Please circle | Yes / No |
| Comments: |
|  |
|  |
| Name |  | Signature |  | Date |  |

**Part 3 – To be completed when applicant is not eligible for direct entry.**

Where a candidate does not meet direct entry (Honours or Masters with minimum 2nd class honours (1st division), they may be eligible for entry by exceptional circumstances. Please provide further information for the Postgraduate Research Committee to consider.

**Justification**

|  |
| --- |
|  |