***EDUCA592 Dissertation (60 points) Application Form***



**Te Wānanga Toi Tangata**

**Division of Education**

**RESEARCH PROPOSAL**

Attach a research proposal to this form.

*See EDUCA592 Dissertation Guidelines for research proposal requirements.*

**APPROVAL AND ENROLMENT STEPS**

1. Complete the student section of this form and attach a copy of your research proposal.
2. Send this form and your proposal to your supervisor.
3. Apply online through MyWaikato for EDUCA592.
4. Accept enrolment agreement.
5. Pay fees and charges.

**STUDENT**

*Complete this section and send form with your research proposal to your supervisor.*

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification:

Master of Education  Master of Counselling

Master of Educational Leadership  Master of Disability and Inclusion Studies

Other (please state)

Intended Start Date (Monday):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of study:  Part time (52 weeks)  Full time (26 weeks)

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

**LEAD SUPERVISOR**

I agree to supervise this student’s Dissertation as outlined in the attached research proposal.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECOND SUPERVISOR**

I agree to supervise this student’s Dissertation as outlined in the attached research proposal.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEAD OF SCHOOL OR NOMINEE**

I acknowledge the appointment of the supervision panel.

**PROGRAMME LEAD OR NOMINEE**

*Complete this section and forward to Programme Administrator Postgraduate and Research.*

I approve this student’s proposed Dissertation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: