# i am applying for:

|  |  |
| --- | --- |
| A Full Research Proposal Extension |  |
| A Change in Supervisory Panel | A Change of Status |
| A Suspension of Enrolment **\*** | An Extension of Enrolment for Submission **\*** |
| **\*** Suspension and Extension applications must be accompanied by a progress report | |

# candidate’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Student ID | |  MPhil  PhD  EdD  SJD  DMA | |
| Family Name | | First Name/s | |
| Postal Address | |  | |
|  | |  | |
|  | |  | |
| Phone | | Cell phone | |
| Email | |  | |
| Department(s) | | Faculty/School | |
| Chief Supervisor | |  | |
| Current status | Full time | | Part time |
| Thesis Title | | | |
|  | | | |
|  | | | |

# reason for application

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NOTE: This application requires consideration by the Postgraduate Research Committee.   
Please allow approximately 4 weeks for notification of the outcome.

# candidate’s signature

|  |  |
| --- | --- |
| Candidate’s signature | Date |

# full research proposal extension

I wish to apply for an extension to my conditional enrolment period for \_\_\_ months **(maximum 6 months)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **/** |  |  | **/** |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | **0** | **/** |  |  | **/** |  |  |

for the period from to

# suspension of enrolment\*

I wish to apply for a suspension to my enrolment for \_\_\_ months **(minimum 3 months and maximum 12 months)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **/** |  |  | **/** |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | **0** | **/** |  |  | **/** |  |  |

for the period from to

|  |
| --- |
| I am the recipient of a Waikato Doctoral Scholarship, if so |
| I am aware that scholarship payments will cease for the approved period of suspension |

# extension of enrolment for submission\*

I wish to apply for an extension to my enrolment for \_\_\_ months **(minimum 3 months and maximum 12 months)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **/** |  |  | **/** |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | **0** | **/** |  |  | **/** |  |  |

for the period from to

***\* You must complete your online progress report if it is due. If you do not have a progress report due please attach a one page report on recent progress***

**Please record all previous periods of suspension and extension of enrolment**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of period | Start Date | Finish Date | Reason |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# change of status

I wish to change my enrolment status

|  |  |
| --- | --- |
| Full time to Part time | Part time to Full time |
| MPhil to PhD | PhD to MPhil |
| EdD to PhD | Other, please specify |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **/** |  |  | **/** |  |  |

This change should be effective from

# change of supervisory panel

**My current panel consists of:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chief Supervisor** | Name |  | Signature |  |
| **Second Supervisor** | Name |  | Signature |  |
| **Third Supervisor** | Name |  | Signature |  |
| **Fourth Supervisor** | Name |  | Signature |  |

**My new panel will consist of:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chief Supervisor** | Name |  | | | Signature | |  | | |
| 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 |
|  |  |  | | |  | |  | | |
| **Second Supervisor** | Name |  | | | Signature | |  | | |
| 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 |
|  |  |  | | |  | |  | | |
| **Third Supervisor** | Name |  | | | Signature | |  | | |
| 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 |
|  |  |  | | |  | |  | | |
| **Fourth Supervisor** | Name |  | | | Signature | |  | | |
| 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 |

# to be completed by the chief supervisor

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has there been a change in the direction of the candidate’s research? | | | | | | | | |
| Yes | | No | | | Major | Minor | | |
| **I approve this application for change** | | | | | **I do not approve this application for change** | | | |
| **Has a progress report been provided (for suspension and extension applications only)** | | | | | | | | |
| Comments | | | | | | |  | |
|  | | | | | | |  | |
|  | | | | | | |  | |
| Name |  | | Signature |  | | | Date |  |

# to be completed by the chairperson of department 1/HEAD OF SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I approve this application for change** | | | | | **I do not approve this application for change** | | | |
| Comments | | | | |  | | | |
|  | | | | |  | | | |
|  | | | | |  | | | |
| **EFTS Apportionment Dept 1** | | | **% of EFTS** | | | **COD Signature** | | |
| **EFTS Apportionment Dept 2** | | | **% of EFTS** | | | **COD Signature** | | |
| Name |  | Signature | |  | | | Date |  |

# to be completed by the chairperson of department 2/ HEAD OF SCHOOL \_\_\_\_\_\_\_\_\_\_\_(if applicable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I approve this application for change** | | | | **I do not approve this application for change** | | |
| Comments | | | |  | | |
|  | | | |  | | |
| Name |  | Signature |  | | Date |  |

# to be completed by the Faculty/school postgraduate research committee representative

|  |  |
| --- | --- |
| **I approve this application for change** | **I do not approve this application for change** |
| Comments |  |
|  |  |
|  |  |
|  |  |
| Signature | Date |