

Confirmation of Doctoral Enrolment Form

Postgraduate Studies

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

SECTION 1 – TO BE COMPLETED BY THE CANDIDATE

Student ID MPhil PhD EdD SJD DMA

Family name First name/s

Postal address

Phone Email

School/Faculty Department

- I confirm that I am domiciled in New Zealand
- Research plan attached – guidelines on preparing the plan are available from www.waikato.ac.nz/sasd/postgraduate/
- Ethics approval attached – if ethical approval is considered unnecessary then a statement confirming this must be included in your research plan

Thesis Title

Supervisory Panel – please list your original supervisory panel:

Current Supervisory Panel **Endorsed**

Chief supervisor Signature

Number of doctoral students currently supervising

Second supervisor Signature

Third supervisor Signature

Fourth supervisor Signature

Updated Supervisory Panel – if your supervisory panel differs from that listed on your original application to enrol form, please complete this section:

Proposed Supervisory Panel **Endorsed**

Chief supervisor Signature

Number of doctoral students currently supervising

Second supervisor Signature

Third supervisor Signature

Fourth supervisor Signature

If you have a new department(s) or have changed department(s) please list new department(s):

Self evaluation – Please indicate whether you believe you demonstrated a satisfactory level of competence in the discipline:

	Excellent	Very Good	Satisfactory	Unsatisfactory	Action required to raise your performance
Technical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conceptual or theoretical knowledge of field of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to evaluate literature critically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to design appropriate methods of investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to develop and present coherent arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to focus on the research topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

SECTION 2 – TO BE COMPLETED BY THE CHIEF SUPERVISOR

When completing this section, the Chief Supervisor is indicating whether the research plan is complete and whether the candidate has demonstrated a satisfactory level of competence in the discipline or field of enquiry.

	Excellent	Very Good	Satisfactory	Unsatisfactory	Action required to raise the candidate's performance
Technical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conceptual or theoretical knowledge of field of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to evaluate literature critically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to design appropriate methods of investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to develop and present coherent arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to focus on the research topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Recommendation

- Confirm enrolment
 Other (detail below)
 Transfer to MPhil
 Withdraw

Comments

Name

Signature

Date

Candidate's comments on the Chief Supervisor's report (Section 2)

Comments

Signature

Date

SECTION 3 – TO BE COMPLETED BY THE CHAIRPERSON OF DEPARTMENT

Department 1 - Recommendation

Confirm enrolment

Other (detail below)

Transfer to MPhil

Withdraw

Comments

EFTS apportionment

% of EFTS

Name

Signature

Date

Department 2 – Recommendation

Confirm enrolment

Other (detail below)

Transfer to MPhil

Withdraw

Comments

EFTS apportionment

% of EFTS

Name

Signature

Date

SECTION 4 – TO BE COMPLETED BY THE POSTGRADUATE STUDIES COMMITTEE REPRESENTATIVE

Confirm enrolment

Other (detail below)

Transfer to MPhil

Withdraw

Comments

Name

Signature

Date
