

Application to Enrol for Doctor of Education (Part 1)



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Shaded areas for office use only.

Personal Details

If you have not previously enrolled at The University of Waikato, you must attach a verified copy of your birth certificate and evidence of any change of name.

Family Name: _____

First Name: _____

Former Name: _____

Date of birth Verify

Gender Male Female

Do you intend to study full time? Yes No

School of Study

Permanent Postal Address _____

Phone _____ Fax _____

Email _____

If you have been previously enrolled at The University of Waikato, please give your ID number

If you are on The University of Waikato staff

Are you employed full time? Yes No

Name of department or division _____

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ATE Type Enrolment Period Student Type Pre-enrolment Status

ID Number

1st Year Tertiary No Years Tertiary 1st Year University No Years

Ministry of Education Information

Citizenship

New Zealand Citizen

 NZ

Australian Citizen

 AU

Verify

Permanent Resident in New Zealand

Attach a verified copy of your passport and residence permit

 PR

Country of Citizenship

International Student

Attach a verified copy of your passport and study permit
Please state your country of citizenship on the right

 OS

 Office

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

Ethnicity

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. If you have never been enrolled at The University of Waikato, you must attach originals of your academic records to this form.

Institution	Qualification	Years Enrolled		Qualification Completed	
		From	To	Yes	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 Minister 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 from the Language Institute 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 that I have provided is true and correct, and that I have not withheld any information that could have a bearing on my enrolment. I acknowledge that I am bound by the regulations of The University of Waikato, including the Computer Regulations. Because the University may need to hold and use information about me, I authorise the University to collect, use and disclose personal information collected from me, and from other institutions, subject to the provisions of the Privacy Act 1993. (Note that copies of the relevant provisions are available on the University website).

I understand that before this application to enrol can be approved, the Academic Board (or delegated authority) will establish that I can be provided with the necessary supervision and resources to complete my research. If, either before or during my period of study, the University has staffing or resource problems beyond its control that affect my research, it will make all reasonable efforts (within budget and staffing constraints) to provide alternative satisfactory arrangements so that I will not be disadvantaged. However, because of the specialist nature of research and supervision at this level of study, my conditions of enrolment may be subject to change under such circumstances.

Signature

Date

Research Portfolio

Proposed Programme for the Research Portfolio: DSOE995

These are the modules you will be completing with supervision. Indicate which year you plan to undertake each module.

	Year
Literature Review: Education Theory, Policy, Practice	<input type="text"/>
Position Paper: Educational Practice	<input type="text"/>
Research Methodology	<input type="text"/>
Directed Study: Research Proposal and Ethics	<input type="text"/>

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

Please note that this must be from the first day of the month and that it is not possible to backdate an application for more than two months.

Proposed Date of Enrolment

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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 requirements are two University of Waikato staff members for the PhD and one University of Waikato staff member for the MPhil. Members of the supervisory panel who are not members of staff of The University of Waikato must include their institutional or industry affiliation, and the address to be used on correspondence.

Chief Supervisor

Name (please print) _____ Department _____
Academic Qualifications and Title _____ Phone _____
E-mail _____
Signature _____

Other members of Supervisory Panel

1. Name (please print) _____ Academic Qualifications and Title _____
Department/Institution Address _____ Phone _____
E-mail _____
Signature _____

2. Name (please print) _____ Academic Qualifications and Title _____
Department/Institution Address _____ Phone _____
E-mail _____
Signature _____

3. Name (please print) _____ Academic Qualifications and Title _____
Department/Institution Address _____ Phone _____
E-mail _____
Signature _____

Approval by Chairpersons

Please note that, if the applicant is enrolled in more than one department, chairpersons of both departments must complete this form and the EFTS apportionment section of the form.

Department 1

Name (please print) _____ Department _____

The applicant satisfies the academic requirements for study in this department Yes No

Adequate supervision is available Yes No

Adequate resources are available Yes No

Special arrangements will be required for the applicant to undertake the proposed research in this department Yes No
(please explain on a separate sheet).

EFTS Apportionment

Department 1 percentage of EFTS

Signature _____ Date

Department 2

Name (please print) _____ Department _____

The applicant satisfies the academic requirements for study in this department Yes No

Adequate supervision is available Yes No

Adequate resources are available Yes No

Special arrangements will be required for the applicant to undertake the proposed research in this department Yes No
(please explain on a separate sheet).

EFTS Apportionment

Department 2 percentage of EFTS

Signature _____ Date

Approval by School Postgraduate Studies Representative

I recommend / do not recommend the applicant for registration for the degree of EdD Pt 1

Comments _____

Signature _____ Date

Please return the completed form to the Postgraduate Studies Office, Student & Academic Services Division, The University of Waikato, Private Bag 3105, Hamilton, New Zealand 3240.