

Application to Enrol for Doctor of Education (Part 2)



The
University
of Waikato
Te Whare Wānanga
o Waikato

Section 1 – to be completed by applicant

The Directed Study must be attached to this form. (See Section 4.2 of the Handbook for Research Degrees of MPhil, PhD and EdD at the University of Waikato for guidelines on preparing research plans.)

Name

Please give your ID number:

Self Evaluation

Please indicate whether you believe you have demonstrated a satisfactory level of competence in the discipline:

	Satisfactory	Unsatisfactory	Action required to raise your performance
Technical skills			
Conceptual or theoretical knowledge of field of study			
Ability to evaluate literature critically			
Ability to design appropriate methods of investigation			
Ability to develop and present coherent arguments			
Ability to focus on the research topic			

Section 2 – to be completed by Chief Supervisor in consultation with the candidate

When completing this section, chief supervisors are indicating whether the candidate has demonstrated a satisfactory level of competence in the discipline or field of enquiry:

	Satisfactory	Unsatisfactory	Action required to raise your performance
Technical skills			
Conceptual or theoretical knowledge of field of study			
Ability to evaluate literature critically			
Ability to design appropriate methods of investigation			
Ability to develop and present coherent arguments			
Ability to focus on the research topic			

Recommendations:

Confirm enrolment

Withdraw

Transfer to MEd (*EdD students only*)

Comments:

Name:

please print

Title:

Signature:

Date:

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Applicants comments on Chief Supervisor's report (*section 2 above*)

Signature:

Date:

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Research Topic

This application form and Directed Study must be passed to the chief supervisor for completion and endorsement.
(Please attach your Directed Study).

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 of Chairperson (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
(please explain on a separate sheet).

Yes No

Signature _____ Date / /

Department 2

Name of Chairperson (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
(please explain on a separate sheet).

Yes No

Signature _____ Date / /

EFTS Apportionment

Department 1.

% of EFTS

Signature of Chairperson _____

Department 2.

% of EFTS

Signature of Chairperson _____

Approval by School or Faculty Postgraduate Studies Representative

I recommend / do not recommend the applicant for registration for the degree of EdD Pt 2

Comments _____

Signature _____ Date / /