

# Supervisors' Register Application 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 APPLICANT

Title	Name
School/Faculty	Department
Phone	Email
Qualifications	

I am applying to be added to the Supervisors' Register as a

- Supervisor  Chief Supervisor

Please attach your current curriculum vitae, including your experience of supervising graduate and/or higher degree students and your research experience, especially current research projects.

## SECTION 2 – TO BE COMPLETED BY THE CHAIRPERSON OF DEPARTMENT

### Recommendation

- Approve  Decline

Name	
Signature	Date

## SECTION 3 – TO BE COMPLETED BY THE POSTGRADUATE STUDIES COMMITTEE REPRESENTATIVE

### Recommendation

- Approve  Decline

Comments	
Name	
Signature	Date

## SECTION 4 – TO BE COMPLETED BY THE EXECUTIVE OF THE POSTGRADUATE STUDIES COMMITTEE

### Decision

- Approved  Declined  
 Further information required (please detail below)

Name	
Signature	Date