Application for Confirmed Enrolment

Postgraduate Studies
Student and Academic Services Division
Wahanga Ratonga Matauranga Akonga
The University of Waikato
Hamilton 3240, New Zealand

Phone +64 7 858 5096
Email postgrad@waikato.ac.nz

www.waikato.ac.nz/go/postgraduate/

SECTION 1 – TO BE COMPLETED BY THE CANDIDATE

<table>
<thead>
<tr>
<th>Student ID</th>
<th>♻ Part time</th>
<th>☐ Full time</th>
<th>☐ PhD</th>
<th>☐ SJD</th>
<th>☐ DMA</th>
<th>☐ EdD (Part 2)</th>
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<td></td>
<td>☐ PhD by Thesis</td>
<td>☐ PhD with Publication</td>
<td>☐ PhD with Creative Practice</td>
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Family name
First name/s
Postal address

☐ I confirm that I am domiciled in New Zealand

☐ Research Proposal attached – guidelines on preparing the proposal are available from www.waikato.ac.nz/go/postgraduate/

☐ Ethics approval attached – if ethical approval is considered unnecessary a statement confirming this must be included in your research proposal

Phone
Email
School/Faculty
Department/Programme

Thesis Title

Self evaluation

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<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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<tr>
<td>Technical skills</td>
<td>☐</td>
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<tr>
<td>Conceptual or theoretical knowledge of field of study</td>
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<td>Ability to evaluate literature critically</td>
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<td>Ability to design appropriate methods of investigation</td>
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<td>Ability to develop and present coherent arguments</td>
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<tr>
<td>Ability to focus on the research topic</td>
<td>☐</td>
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<td>I rate the overall quality of my work as</td>
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Additional Comments

Signature
Date
SECTION 2 – TO BE COMPLETED BY THE CHIEF SUPERVISOR

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Additional Comments

______________________________
Signature

______________________________
Date

SUPERVISORY PANEL – ONLY REQUIRED IF THERE ARE PANEL CHANGES

Original Supervisory Panel

Chief supervisor  Name __________________________ Signature __________________________

Second supervisor Name __________________________ Signature __________________________

Third supervisor Name __________________________ Signature __________________________

Fourth supervisor Name __________________________ Signature __________________________

Proposed Supervisory Panel

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 ____________ 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 ____________ 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 ____________ 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 ____________ Supervisor
SECTION 3 – TO BE COMPLETED BY THE CONFIRMATION PANEL

The candidate completed their Confirmed Enrolment Presentation on ______/_____/_____.

The candidate has sufficient knowledge and understanding of the research topic

Yes No

The research proposal outlines an appropriate theoretical framework which will lead to a defensible thesis

Yes No

The proposed research is original or adds value to existing knowledge

Yes No

The candidate has completed all coursework as required under the conditional enrolment agreement N/A Yes No

If No for any of the above, please provide more information below:

The candidate will be based primarily

☐ On campus Location:

☐ Off campus Location:

Does the candidate require additional resources and access to facilities beyond that which is specified in the Statement of Expectations? If so, please list the requirements below: Note: It may be necessary to revisit this question more than once during the candidature.

The Confirmation Panel recommend the following outcome option:

☐ Confirm enrolment

☐ Extension to conditional enrolment for _____ months from _____/_____/____ to _____/_____/____

• Will another presentation be required at the end of the extension period? Yes¹ No

NOTE: If an extension is requested, please indicate who will be required to sign off amendments²:

Name ___________________ Signature ___________________

Name ___________________ Signature ___________________

Name ___________________ Signature ___________________

☐ Transfer to MPhil

☐ Withdraw

☐ Other (detail below)

Comments:

All parties should now complete Section 4 and submit this application to the Postgraduate Studies Office.

¹ If yes, a new ‘Application for Confirmed Enrolment’ form will need to be submitted once the next presentation has taken place.

² Email confirmation for approval of research proposal amendments from signatories, should be sent to postgrad@waikato.ac.nz
SECTION 4 – SIGNATORY PAGE
By signing this section, parties confirm that they agree with the recommendation of the confirmation panel.

SIGNATURE OF THE CANDIDATE
Comments

Signature __________________________ Date ____________

SIGNATURE OF THE CHIEF SUPERVISOR
Comments

Name __________________________ Signature __________________________ Date ____________

SIGNATURE OF THE SECOND SUPERVISOR
Comments

Name __________________________ Signature __________________________ Date ____________

SIGNATURE OF THE THIRD SUPERVISOR
Comments

Name __________________________ Signature __________________________ Date ____________

SIGNATURE OF THE CHAIRPERSON OF DEPARTMENT/SCHOOL OR NOMINEE
Department/School 1
Comments

EFTS apportionment % of EFTS
Name __________________________ Signature __________________________ Date ____________

Department/School 2 (if necessary)
Comments

EFTS apportionment % of EFTS
Name __________________________ Signature __________________________ Date ____________

SIGNATURE OF THE POSTGRADUATE RESEARCH COMMITTEE REPRESENTATIVE OR NOMINEE
Comments

Name __________________________ Signature __________________________ Date ____________

Upon completion of this form, please forward it to the Postgraduate Studies Office.