

Application for Change of Conditions – Higher Degrees

Postgraduate Studies

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THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

I AM APPLYING FOR:

- A Full Research Proposal Extension
- A Change in Supervisory Panel
- A Suspension of Enrolment *
- A Change of Status
- An Extension of Enrolment for Submission *

* Suspension and Extension applications must be accompanied by a progress report

CANDIDATE'S DETAILS

Student ID MPhil PhD EdD SJD DMA

Family Name First Name/s

Postal Address

Phone

Cell phone

Email

Department(s)

Faculty/School

Chief Supervisor

Current status

Full time

Part time

Thesis Title

REASON FOR APPLICATION

NOTE: This application requires consideration by the Postgraduate Research Committee.
Please allow approximately 4 weeks for notification of the outcome.

CANDIDATE'S SIGNATURE

Candidate's signature

Date

▼ FULL RESEARCH PROPOSAL EXTENSION

I wish to apply for an extension to my conditional enrolment period for ___ months **(maximum 6 months)**

for the period from 0 1 / / to 3 0 / /

▼ SUSPENSION OF ENROLMENT*

I wish to apply for a suspension to my enrolment for ___ months **(minimum 3 months and maximum 12 months)**

for the period from 0 1 / / to 3 0 / /

- I am the recipient of a Waikato Doctoral Scholarship, if so
- I am aware that scholarship payments will cease for the approved period of suspension

▼ EXTENSION OF ENROLMENT FOR SUBMISSION*

I wish to apply for an extension to my enrolment for ___ months **(minimum 3 months and maximum 12 months)**

for the period from 0 1 / / to 3 0 / /

**** You must complete your online progress report if it is due. If you do not have a progress report due please attach a one page report on recent progress***

Please record all previous periods of suspension and extension of enrolment

Type of period	Start Date	Finish Date	Reason

▼ CHANGE OF STATUS

I wish to change my enrolment status

- Full time to Part time
- MPhil to PhD
- EdD to PhD
- Part time to Full time
- PhD to MPhil
- Other, please specify

This change should be effective from 0 1 / /

CHANGE OF SUPERVISORY PANEL

My current panel consists of:

Chief Supervisor	Name	_____	Signature	_____
Second Supervisor	Name	_____	Signature	_____
Third Supervisor	Name	_____	Signature	_____
Fourth Supervisor	Name	_____	Signature	_____

My new panel will consist of:

Chief Supervisor	Name	_____	Signature	_____
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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 _____ Co-supervisor _____

Second Supervisor	Name	_____	Signature	_____
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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 _____ Co-supervisor _____

Third Supervisor	Name	_____	Signature	_____
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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 _____ Co-supervisor _____

Fourth Supervisor	Name	_____	Signature	_____
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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 _____ Co-supervisor _____

▼ TO BE COMPLETED BY THE CHIEF SUPERVISOR

Has there been a change in the direction of the candidate's research?

- Yes No Major Minor
- I approve this application for change I do not approve this application for change
- Has a progress report been provided (for suspension and extension applications only)

Comments

Name _____ Signature _____ Date _____

▼ TO BE COMPLETED BY THE CHAIRPERSON OF DEPARTMENT 1/HEAD OF SCHOOL _____

- I approve this application for change I do not approve this application for change

Comments

EFTS Apportionment Dept 1

% of EFTS

COD Signature

EFTS Apportionment Dept 2

% of EFTS

COD Signature

Name _____ Signature _____ Date _____

▼ TO BE COMPLETED BY THE CHAIRPERSON OF DEPARTMENT 2/ HEAD OF SCHOOL _____ (IF APPLICABLE)

- I approve this application for change I do not approve this application for change

Comments

Name _____ Signature _____ Date _____

▼ TO BE COMPLETED BY THE FACULTY/SCHOOL POSTGRADUATE RESEARCH COMMITTEE REPRESENTATIVE

- I approve this application for change I do not approve this application for change

Comments

Signature _____ Date _____