

Masters Enrolment Suspension Application Form
Postgraduate Research
University of Waikato



Suspension of Enrolment in master's degrees:

A suspension of enrolment is available to master's students who are enrolled in a level 500 **research** paper worth 60 points or more. Students should consult with their supervisor and read the regulations for suspension of enrolment in master's degrees before applying. These can be found here on this page [Personal Programmes of Study Regulations :: University of Waikato](#):

- During a suspension, you pay no tuition fees and have no access to supervision or University resources other than the Student Services that are covered by your student levy.
- The minimum period of suspension is one month. The maximum period is 12 months. Suspensions are granted in whole months only.
- Suspension of study is considered for exceptional circumstances only and is unlikely to be approved retrospectively. You should discuss your suspension options with your supervisor as soon as possible if you think a suspension may be required.
- If you are currently receiving a Research Masters Scholarship, payments will be paused during your period of suspension. It is recommended that you discuss your plan to suspend with the Scholarships Office (scholarships@waikato.ac.nz).
- The Associate Dean Postgraduate Research (or their Delegate) is responsible for approving applications for suspension.
- You will be notified of the outcome of your application as soon as reasonably possible; this may take up to 10 days depending upon the time of year.
- **International students considering a suspension must check with Immigration New Zealand prior to applying as suspending study may have visa implications.**

PART A	
Candidate's last name	Click or tap here to enter text.
First name/s	Click or tap here to enter text.
Student ID number	Click or tap here to enter text. Scholarship holder: <input type="checkbox"/> Yes <input type="checkbox"/> No
School	Click or tap here to enter text. Programme: Click or tap here to enter text.
Date of initial enrolment in the paper you wish to suspend	Click or tap here to enter text. Is this your first application for suspension: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course code	Click or tap here to enter text.
Supervisors Name	Click or tap here to enter text.
Name of 2nd supervisor if applicable	Click or tap here to enter text.
Requested suspension start date	Click or tap here to enter text.
Length of suspension (number of weeks required, more than 4 but less than 52)	Total number of weeks: Click or tap here to enter text.

CANDIDATE'S REASON FOR REQUESTING A SUSPENSION

Please indicate which of the following applies:

- Academic reasons
- Financial reasons
- Family/ Whānau Commitments
- Health reasons
- Personal circumstances
- Work commitments
- Other (please describe using box below)

Please explain why you need to suspend your study (you will need to provide appropriate evidence with your application):

Click or tap here to enter text.

Declaration

- I have attached evidence in support of my application.
- I understand that while I am on suspension, I have no access to supervision or University resources or facilities other than the Student Services that are covered by my student levy.
- I understand that I may not work on my thesis/dissertation during the suspension period.
- I understand that I am required to re-enrol within a month of my suspension ending and if I do not re-enrol within one month, I may not be eligible to re-enrol in the same dissertation or thesis paper

For Research Masters Scholarship holders:

- I am aware that the period of suspension will affect my scholarship payments

For international students:

- I have consulted with INZ and UOW International Student Support Office and am aware of the implications of suspending my study.

Candidate's signature:

Date:

Click or tap here to enter text.

PART B. SUPERVISOR'S STATEMENT

I support the candidate's request for a suspension.

Comments:

Click or tap here to enter text.

Name:

Click or tap here to enter text.

Signature:

Date:

Click or tap here to enter text.

Supervisor – please forward this form to the Associate Dean Postgraduate Research (or their Delegate) for approval.

PART C. APPROVALS AND RECOMMENDATIONS			
Associate Dean Postgraduate Research (or Delegate)			
<input type="checkbox"/> Suspension request approved <input type="checkbox"/> Suspension request declined <input type="checkbox"/> Further information required			
<i>Comments</i> Click or tap here to enter text.			
Name:		Click or tap here to enter text.	
Signature:		Date	Click or tap here to enter text.

Please forward completed form to your programmes/Schools Student Services Staff for processing

OFFICE USE ONLY

- MyWaikato entry completed - Date:
- Scholarships Office notified - Date:
- School admin notified - Date: