



SECTION 1 – APPLICANT’S INFORMATION

Family name _____

First name/s _____

Please attach your initial research proposal, including the proposed field and depth of study, resources required and planned timetable. (Guidelines on preparing the proposal are available from departments, the postgraduate student handbook and http://www.waikato.ac.nz/sasd/files/pdf/postgraduate/form_2.pdf.) This application form and proposal must be passed to the Chief Supervisor for completion and endorsement.

SECTION 2 – PROPOSED RESEARCH TOPIC

Proposed research topic _____

Please note that this must be from the first day of a month and that it is not possible to backdate an application for more than two months.

Proposed start date of PhD / MPhil / EdD / SJD _____

The following sections should be completed by the supervisors, the chairpersons of departments and the School of Studies or Faculty representatives.

Supervisory panel

All members of the supervisory panel must sign below to indicate their availability and suitability to supervise the research outlined in the attached proposal. The minimum supervisory requirements are two University of Waikato staff members for the PhD and one University of Waikato staff member for the MPhil. Members of the supervisory panel who are not members of staff of the University of Waikato must include a brief CV outlining their experience supervising graduate / higher degrees students and research experience, especially current research projects.

SECTION 3 – CHIEF SUPERVISOR

Full name _____

Department _____

Are you on the University of Waikato Chief Supervisors register? Yes No

Have you attended a postgraduate studies workshop? Yes No Academic title _____

Phone _____ Email _____

Candidates proposed paper code (i.e. ENMP 900) _____ Signature _____

SECTION 4 – OTHER MEMBERS OF SUPERVISORY PANEL

1. Full name _____

Department / Institute address _____

Are you on the University of Waikato Supervisors register? Yes No If 'No' please attach a CV

Academic title and qualifications _____

Phone _____ Email _____

Signature _____

2. Full name _____

Department / Institute address _____

Are you on the University of Waikato Supervisors register? Yes No If 'No' please attach a CV

Academic title and qualifications _____

Phone _____ Email _____

Signature _____

3. Full name _____

Department / Institute address _____

Are you on the University of Waikato Supervisors register? Yes No If 'No' please attach a CV

Academic title and qualifications _____

Phone _____ Email _____

Signature _____

SECTION 5 – 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 section of this form.

Department 1

Name of Chairperson _____

Department _____

The applicant satisfies the academic requirements (honours or masters degree with a minimum of second class honours (division 1) in the appropriate subject(s) 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 application to undertake the purposed research in this department (please explain on a separate sheet). Yes No

EFTS apportionment _____ % of EFTS

Signature _____ Date _____

Department 2

Name of chairperson _____

Department _____

The applicant satisfies the academic requirements (honours or masters degree with a minimum of second class honours (division 1) in the appropriate subject(s) 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 application to undertake the purposed research in this department (please explain on a separate sheet). Yes No

EFTS apportionment _____ % of EFTS

Signature _____ Date _____

SECTION 6 – APPROVAL BY SCHOOL OR FACULTY POSTGRADUATE STUDIES REPRESENTATIVE

I recommend / do not recommend the applicant for registration for the degree of PhD MPhil EdD SJD

Comments (including suggested academic conditions for conditional enrolment)

Signature _____ Date _____



Please return the completed form to:

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