FACULTY OF EDUCATION

DISSERTATION/DIRECTED STUDY APPLICATION FORM

Name: ______________________  Student ID: _________________

Email: ____________________________  Phone: _________________

Programme: ____________________________  Paper: Directed Study (30 points)  □

I intend to study: Full-time  □  Part-time  □  Intended start date: _________________

PLEASE NOTE

Enrolment: If you are wishing to enrol in a Dissertation or a Directed Study paper, you must complete this form. Please do this at the same time you submit your online Application to Enrol (ATE) or Change of Enrolment (COE) either through your iWaikato account or through The University of Waikato website: http://www.waikato.ac.nz/study/enrol/. Please note this is not your ATE. Your enrolment in the Dissertation or Directed Study paper is subject to our ability to provide appropriate supervision. Once your academic qualifications and results have been assessed and the availability of a suitable supervisor is confirmed, your ATE will be approved.

Form: Please submit the completed form to the Faculty of Education Postgraduate Office. Please submit a copy of the proposal that you have agreed with your supervisor with this completed form.

Tick Boxes: Double-clicking on the check boxes will enable you to change them from not-checked to checked (under Default Value).

PROPOSED AREA OF STUDY

Please submit to your potential supervisor a draft proposal for your project as outlined in the Dissertation or Directed Study Guidelines. If you do not have a supervisor in mind, please make a time to discuss this form with your Programme Advisor. If you do not know who that is, please approach the Postgraduate Administrator in the Faculty.

SIGNATURES

Applicant:

Signature: ____________________________  Date _________________

Supervisor:

Name: ____________________________

Signature: ____________________________  Date _________________

FINAL APPROVAL (For Departmental Use Only)

COD or Programme Advisor  Approved  □  Not approved  □

Name: ____________________________

Signature: ____________________________  Date _________________

DEPARTMENT PLEASE SEND THIS FORM TO THE FACULTY POSTGRADUATE OFFICE FOR JADE APPROVAL
FINAL APPROVAL (For PG Office Use Only)

Comments: __________________________________________

Date ______________________

Notification sent to the applicant ☐ Note entered in JadeSMS ☐