**Part 1 – Applicant to complete**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | ID number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** Have you had contact with specific staff at the University of Waikato regarding your proposed area of study? Yes or No | | |  |
| If yes, please provide names of staff: |  | | |
| **2.** Do you have any available funding (e.g. scholarships) to support your proposed study? Yes or No | | |  |
| If yes, please specify: |  | | |
| **3.** When would you like your enrolment to start? | | | 01 / / |
| *(Enrolment can commence on the first of the month between February and November)* | | | |
| **4.** Do you intend to enrol full-time (min 30hrs/week) or part-time (min 15hrs/week)? | | |  |
| **5.** Are you currently, or have you previously been enrolled in a doctorate at another institution? Yes or No | | |  |
| *(If you answered ‘Yes’ to question 5 please answer questions 6 – 8)* | | |  |
| **6.** Which University were you enrolled in? | |  | |
| **7.** Is your enrolment still active? | |  | |
| **8.** Did you complete your studies? | |  | |

**Professional Experience**

Because this is a professional doctorate, information on both academic and professional experience is required in order to determine your eligibility for admission to assist with planning of your course of study. Please attach your professional history or curriculum vitae. The curriculum vitae should include details of your publications (if any) and previous research experiences.

**Domestic applicants:** Please complete the form to this point and send it to your proposed lead mentor. The Faculty will complete Part 2. Once completed this form should be uploaded as a supporting document to your online application to enrol. Please ensure you upload your CV or professional history and **academic transcripts** to your online application to enrol.

**Part 2 – University of Waikato to complete**

During enrolment in Part 1 of the EdD programme the Postgraduate Research Committee appoints mentoring staff to support the candidate through the taught component. The mentors work with the candidate to develop their research interests and identify a suitable topic. At the end of Part 1 a supervisory panel will be appointed by the Postgraduate Research Committee to support the candidate through the research component.

**Mentor 1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | Full Name | |  | | | | | |
| School | |  | | | | | | | | |
| Phone | |  | | | | Email |  | | | |
| Will there be any conflicts of interest if you join this supervision panel? Please circle | | | | | | | | | | Yes / No |
| Signature | | | |  | | | | Date |  | |

**Mentor 2**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | Full Name | |  | | | | | |
| School | |  | | | | | | | | |
| Phone | |  | | | | Email |  | | | |
| Will there be any conflicts of interest if you join this supervision panel? Please circle | | | | | | | | | | Yes / No |
| Signature | | | |  | | | | Date |  | |

**Chair of Department/Head of School 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I approve this application to enrol. Please circle | | | | Yes / No |
| The applicant satisfies the academic requirements for direct entry  Honours or Masters with minimum 2nd class honours (1st division) | | | | Yes / No |
| ***If you answered no above, please provide justification for acceptance on page 4*** | | | | |
| Special arrangements will be required to undertake the proposed research in this Department/School (please detail below) | | | | Yes / No |
| Adequate supervision is available | | | | Yes / No |
| Adequate resources are available | | | | Yes / No |
| I support an English language waiver | | | | Yes / No |
| Comments: | | | | |
|  | | | | |
|  | | | | |
| Name |  | Dept/School |  | |
| Signature |  | Date |  | |

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| School 2 |  | % of EFTS |  | Signature |  |

**Chair of Department/Head of School 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I approve this application to enrol. Please circle | | | | Yes / No |
| Special arrangements will be required to undertake the proposed research in this Department/School (please detail below) | | | | Yes / No |
| Adequate supervision is available | | | | Yes / No |
| Adequate resources are available | | | | Yes / No |
| Comments: | | | | |
|  | | | | |
|  | | | | |
| Name |  | Dept/School |  | |
| Signature |  | Date |  | |

**Postgraduate Research Committee Representative**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I approve this application to enrol. Please circle | | | | | Yes / No |
| Comments: | | | | | |
|  | | | | | |
|  | | | | | |
| Name |  | Signature |  | Date |  |

**Part 3 – To be completed when applicant is not eligible for direct entry.**

Where a candidate does not meet direct entry (Honours or Masters with minimum 2nd class honours (1st division), they may be eligible for entry by exceptional circumstances. Please provide further information for the Postgraduate Research Committee to consider.

**Justification**

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