***EDUCA593/594 Education Thesis Application Form***



**Te Wānanga Toi Tangata**

**Division of Education**

**RESEARCH PROPOSAL**

Attach a research proposal to this form.

*See EDUCA593/594 Masters Thesis Guidelines for research proposal requirements.*

**APPROVAL AND ENROLMENT STEPS**

1. Complete the student section of this form and attach a copy of your research proposal.
2. Send this form and your proposal to your supervisor.
3. Apply online through MyWaikato for EDUCA593 (90 points) or EDUCA594 (120 points).
4. Accept enrolment agreement.
5. Pay fees and charges.

**STUDENT**

*Complete this section and send form with your research proposal to your supervisor.*

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme

[ ]  Master of Education [ ]  Master of Counselling

[ ]  Master of Educational Leadership [ ]  Master of Disability and Inclusion Studies

[ ]  Other (please state)

Intended Start Date (Monday): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You may start in any week of the academic year.*

Paper:

[ ]  90-point Masters thesis Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Full time (12 months) [ ]  Part time (18 months)

[ ]  120-point Masters thesis Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Full time (12 months) [ ]  Part time (24 months)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEAD SUPERVISOR**

[ ]  I agree to supervise this student’s Masters thesis as outlined in the attached research proposal.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECOND SUPERVISOR**

[ ]  I agree to supervise this student’s Masters thesis as outlined in the attached research proposal.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAMME ADMINISTRATOR POSTGRADUATE AND RESEARCH**

[ ]  The student has completed the required papers with a grade average of B+ or above.

Comments:

**HEAD OF SCHOOL OR NOMINEE**

[ ]  I acknowledge the appointment of the supervision panel.

**PROGRAMME LEAD OR NOMINEE**

[ ]  The focus of the student’s proposed research aligns with their programme*.*

[ ]  I approve this student’s proposed Masters thesis study.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

**PROGRAMME LEADER POSTGRADUATE TAUGHT OR NOMINEE**

*Complete this section and forward to Programme Administrator Postgraduate and Research.*

[ ]  I approve this student’s proposed Masters thesis study.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: