

Supervisors' Register Application Form

Te Mata Kairangi School of Graduate Research

The University of Waikato
Private Bag 3105
Hamilton 3240. New Zealand

Phone +64 7 838 5096
Email SGR@waikato.ac.nz
www.waikato.ac.nz/students/research-degrees/

SECTION 1 – APPLICANT

Title	Name
Division	School
OR External Organisation	
Phone	Email
Qualifications	
Are you in a continuing or fixed term position? (If fixed term please specify end date)	

I am applying to be added to the Supervisors' Register as a

- Supervisor Chief Supervisor

Please attach your current curriculum vitae, including your experience of supervising graduate and/or higher degree students and your research experience, especially current research projects.

Are you applying to be a 'creative practice' Supervisor? If so, please provide evidence of your practitioner experience

- Yes No

STUDENT DETAILS

If intending to supervise a Doctoral student, please provide their full name, student ID number and name of the student's Chief Supervisor that you will be supervising.

Student's Full Name	Student ID Number
Chief Supervisor	

SECTION 2 – CHAIR/HEAD OF SCHOOL

Recommendation

- Approve Decline

Name	
Signature	Date

SECTION 3 – POSTGRADUATE RESEARCH COMMITTEE REPRESENTATIVE

Decision

- Approve as Supervisor Approve as Chief Supervisor Decline
 Further information required (please detail below then return to applicant)

Comments:

Name	
Signature	Date