
Application Information and Instructions for Applicants

How to apply

Applications are only accepted via [myUC](#). Applicants must also complete an Application for Admission Form and upload it as part of their enrolment in [myUC](#).

Applicants who have completed academic qualifications at another University, are required to upload certified transcripts of your previous academic record to [myUC](#).

University of Canterbury students who have completed all of their academic study at UC do not need to supply a certified transcript.

In myUC all applicants will be asked to provide the contact information for two referees (i.e., name, email address etc). Referees will be sent a link to complete a confidential evaluation of the applicant's suitability for Speech and Language Pathology training. Applicants should contact their referees to ensure they complete the evaluation prior to the application closing date.

Application deadline

The closing date for applications is **1 October** in the year preceding desired entry.

Applications will be acknowledged in [myUC](#) once all two referees' reports have been received. If you have not received an acknowledgement within 14 days of sending your application, please enquire by email to speech-hearing-admin@canterbury.ac.nz.

Application documentation will not be returned. For candidates who enter the MSLP programme, this will be kept on the student's file. For those who are not accepted, documentation may be maintained in myUC in accordance with myUC policy.

Interviews and Selections

After the application closing date, applicants are shortlisted on the basis of information provided. As soon as possible after applications close, applicants will be notified via myUC of whether or not they are shortlisted to be interviewed.

The dates for selection interviews are 27 October to 30 October 2026 for shortlisted domestic applicants. Interviews for shortlisted international applicants will be scheduled at a mutually convenient time to be discussed with each applicant.

Interviews for shortlisted applicants will be held in person for those that reside in Christchurch and via Zoom for those that reside outside of Christchurch. Applicants may bring a support person or whānau member. Interviews will be recorded, with your permission.

Shortlisted applicants are interviewed by staff of the UC Speech and Language Pathology programme. Applicants interviewed will be notified of the outcome once the full applicant pool has been assessed.

Checklist for Applicant

- ☐ Completion or near completion of any bachelor's or master's degree, with an overall Grade Point Average of B or higher (or approved equivalents).
- ☐ Successfully completed or enrolled in at least one course in Statistics at 100-level or above.

By the closing date of 1 October of the year preceding entry:

- ☐ Apply to enrol via myUC and upload this Application Form to myUC.
- ☐ Upload a certified copy of academic transcript to myUC (*for all qualifications not obtained at UC*).
- ☐ Provide evidence of English Language Proficiency (*if applicable*).
- ☐ Enter contact details for two referees into myUC, and a reminder sent to referees to complete their evaluation prior to the application closing date of 1 October.
- ☐ Read and sign the declaration.

Application Form

Applications must be completed in myUC by 1 October of the year preceding entry.

Responses should be typed in the grey areas on the following pages. **DO NOT** attach additional pages.

All sections must be completed. Applications which are incomplete are not able to be processed. Therefore, please ensure you provide all required documentation. This includes all transcripts and degree certificates for university level study undertaken (other than from the University of Canterbury). Academic documents must be originals or certified true copies. Scanned or emailed documents will not be accepted as original or certified copies.

Full name:																				
Preferred name:																				
Date of Birth:																				
UC Student ID:																				
Email:																				
Phone:																				
Nationality:																				
Do you have an Iwi affiliation? YES ☐ NO ☐ If Yes, please state:																				
Native Language(s): To study at Canterbury, you MUST be proficient in English. If English is not your first language, which language test(s) have you taken for University Admission? Test: Test Scores: <i>(Evidence must be provided - https://www.canterbury.ac.nz/study/getting-started/admission-and-enrolment/enrolment-topics/english-language-proficiency)</i>																				
Which year do you wish to commence the MSLP programme: FULL-TIME ☐ PART-TIME ☐																				
Academic Preparation List all Universities you have attended or are now attending and qualifications received: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">University</th> <th style="padding: 5px;">Start Date</th> <th style="padding: 5px;">End Date</th> <th style="padding: 5px;">Field of Study</th> <th style="padding: 5px;">Type of Degree and Date Awarded</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	University	Start Date	End Date	Field of Study	Type of Degree and Date Awarded															
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Statement of Interest

Please write below explaining your career goals, reasons for selecting MSLP as a field of study, details of the types of clients/patients you are interested in working with, any relevant life or work experience (paid or unpaid) and qualifications for pursuing a clinical degree, and your reasons for choosing the University of Canterbury. You may attach a separate sheet if required.

Declaration and Signature

I supply the information on this form and in support of this application on the understanding:

- a. that it may be used for purposes relating to my enrolment as a student by members of the Academic and Administrative Staff of the University of Canterbury;
- b. that it may be used for purposes external to the University when it is in statistical form or when it is not to my disadvantage for this to be done, and also where disclosure is required to comply with the provisions of the Privacy Act 1993;
- c. that I have the right to see and correct if necessary the information I have provided;
- d. that my application cannot proceed without my consent to the foregoing conditions.

I understand that it is my responsibility to provide all necessary documentary evidence of my qualifications and experience. I authorise the University to obtain further information wherever necessary. I acknowledge that the submission of fraudulent or forged documentation in support of this application will automatically disqualify me from enrolment. I understand that in such a case the University of Canterbury reserves the right to inform all other New Zealand Universities of that fact along with my name and date of birth and that New Zealand Immigration Service and the Police may also be informed. My signature below denotes acceptance of these terms and constitutes consent to disclosure for the purposes of the Privacy Principle 11 set out in the Privacy Act 1993.

I accept that all documents submitted in support of this application become the property of the School of Psychology, Speech and Hearing.

I understand that, if this application is submitted through an agent of the University, the result will be communicated to the agent also unless I give instructions to the contrary.

I declare that all information submitted on the application form and in the attached documents is correct and complete.

I am aware of the tuition costs associated with studying in the course and I am able to meet all expenses for the duration of my study.

I understand that, as part of the clinical programme, I will be required to participate in clinical placements outside of Christchurch, and that this placement is completed at my expense.

I agree to advise the Director of Clinical Education of any changes to my circumstances after admission, or prior to or during placement.

I understand that by submitting this application I consent to [Police Vetting](#). Please note that if you are invited into the programme, you will be required to provide satisfactory police checks from every country that you have lived in continuously for 12 months or more in the last 10 years or since you were over 16 years of age.

I certify that to the best of my knowledge and belief that the information I have provided in this application is correct.

Signature:

Date:
