

# Student Application to Enrol Part-time for Masters Part I

Student ID Number

Full legal name (first/middle/surname)

Email address (for all correspondence)

## Faculty of Science

*This form must be completed by the applicant.*

That: [Please print full name]:

Be granted permission to enrol part-time for MSc Part I, under MSc Regulation 5, or MantaStud Regulation 4, or MAud Regulation 2 and 3, or MGIS Regulation 5 and 6, or MWaterRM Regulation 4 and 5.

On the grounds of: [Medical, Family, Financial, or other reasons: please specify below]

Original date of enrolment in MSc Part I:

Start date for part-time enrolment:

Finish date for part-time enrolment [if applicable]:

By submitting this application, I understand that any tuition fee implications should be discussed with Student Administrative Services.

I also understand that the implications for my student allowance and/or loan should be discussed with StudyLink.

Date: Click or tap to enter a date.

### College of Science Notes:

- |                                 |                                                          |
|---------------------------------|----------------------------------------------------------|
| 1. Supporting Material Attached | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Student Transcript Attached  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Other Notes Attached         | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Date: Click or tap to enter a date.

**Head of**

**Date:** Click or tap to enter a date.

**Approved:**    **Yes** ☐

**No** ☐

**Signature:**

[Please email this form and any additional supporting documentation to [science@canterbury.ac.nz](mailto:science@canterbury.ac.nz)]

**Academic Manager / Dean of Science**

**Date:** Click or tap to enter a date.

**Final date for completion of MSc Part I:**

**Approved:**    **Yes** ☐

**No** ☐

**Signature:**