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| Masters Thesis Application Form |

Te Kaupeka Oranga | Faculty of Health

**All students undertaking a Masters Thesis in the Faculty of Health Sciences must complete this form.** (Please note that you must also apply to enrol online via MyUC.)

**SECTION A: Students are responsible for completing Section A and forwarding this form on to their Senior Supervisor.**

**1.** Student to complete

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family Name |  | | | |
| Given Name(s) |  | | | |
| UC Student ID Number |  | | | |
| Qualifications required to enrol in the thesis (please select appropriate qualification) |  | PGDipHealSc |  | MHealSc Part I |

*Please ensure you have provided the University with certified copies of your Academic Transcripts.(Note: University of Canterbury transcripts do NOT need to be attached.)*

**2.** Name the degree and subject code that you wish to enrol

|  |  |
| --- | --- |
| Degree | M.HealSc (unendorsed)  M.HealSc (Environmental Health)  M.HealSc (Health Behaviour Change)  M.HealSc (Health and Community)  M.HealSc (Health Information Management)  M.HealSc (Palliative Care)  M.HealSc (Health Leadership and Management) |
| Course Code | HLTH690  HLTH 697 |

**3.** Proposed Research Area

|  |
| --- |
|  |

**4.** Provide a brief outline of the proposed research:

*(A detailed proposal is required within two months of enrolment if full-time or within four months if part-time or if full-time and concurrently enrolled in thesis and course work. The amount of information provided here should be sufficient to allow the HOS/Programme Coordinator to answer any questions they may have.)*

|  |  |
| --- | --- |
| Working Title |  |
| Draft Objective Aim / Research Question |  |
| Draft  Background |  |
| Draft  Methodology |  |
| Major Target Dates (including expected date of submission) | |  |  | | --- | --- | | **Milestone name** | **Completion date** | | 1. Thesis enrolment and supervision arrangements | dd/mm/yy | | 1. Thesis proposal | dd/mm/yy | | 1. Literature review | dd/mm/yy | | 1. Ethical approval | dd/mm/yy | | 1. Data collection | dd/mm/yy | | 1. Analysis | dd/mm/yy | | 1. Write-up | dd/mm/yy | | 1. Submit final thesis for examination | dd/mm/yy |   \* Milestone names are indicative only, and may be changed to suit the proposed topic, with the exception of items 1, 2 and 9. |

1. Supervision: Name the supervisor who has indicated a willingness to act as Senior Supervisor

of the thesis/dissertation/project

|  |  |
| --- | --- |
| Senior Supervisor |  |
| Senior Supervisor’s School/Department |  |

**6.** Proposed enrolment date

|  |  |  |
| --- | --- | --- |
|  | 1 March (Semester 1) | |
|  | 1 August (Semester 2) | |
|  | Other (specify - normally 1st of month) |  |

**7.** Do you wish to enrol as a part-time or full-time student?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Part-time |  | Full-time |
| If Part-time, please provide your reason | | | | |
|  | | | | |

Will you be studying by distance?  Yes  No

If Campus based, will you require access to a workspace?  Yes  No

NB: Masters research students can apply for access to a drop-in workspace in Manawa (in the Health Precinct, 276 Antigua Street) or Rehua. (Ilam campus)

**8.** Will your proposed programme of study require any period of study away from the University?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |
| --- |
| Comments |
|  |

**9.** Will your proposed programme of study require any period of study outside New Zealand?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**You must forward this to you Senior Supervisor to complete**

|  |  |
| --- | --- |
| Comments | |
|  | |
| Applicant Signature |  |
| Date |  |

**SECTION B - SENIOR SUPERVISOR to complete**

**10.** Are you willing to supervise the student named in question 1?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | |  | No |
| If No, Comments | | | | |
|  | | | | |
| Supervisor Signature | |  | | |
| Date | |  | | |

Are any additional resources required in the following areas, to support the proposed research?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Equipment and materials |  | Yes |  | No |  | Not Applicable |
| Technical assistance |  | Yes |  | No |  | Not Applicable |
| Comments (if required) | | | | | | | |
|  | | | | | | | |

**SECTON C - HOS OR DELEGATE to complete**

(At this stage a preliminary assessment of the proposed research is required; the research proposal

post-enrolment will require more precise details.)

**11.** Is the staff member named in question 5 an appropriate senior supervisor, is he/she available

for supervising, and if they are a new staff member have they attended a New Thesis Supervisor

Course – Supervisory Mentors?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |
| --- |
| Comments |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Approved |  | Declined |  | More Information Required |

|  |  |
| --- | --- |
| HOS Signature |  |
| Date |  |

**SECTION D – MASTERS PROGRAMME COORDINATOR to complete**

|  |  |  |  |
| --- | --- | --- | --- |
| Thesis Enrolment Date |  | Proposal Due Date |  |
| Thesis Submission Date |  | Progress Report Due Date |  |

|  |  |
| --- | --- |
| Coordinator Signature |  |
| Date |  |

**Please now forward this form to studyhealth@canterbury.ac.nz.**

|  |  |
| --- | --- |
| Enrolment Approved in Jade | YES    NO |
| Update Higher Degree Module | YES    NO |
| Coded Enrolment Note Entered | Permitted to enrol in the XX thesis part/full-time with a start date of XX and a submission date of XXX |
| Formal Offer to student | YES    NO |
| Signed |  |