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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 |       |
| DraftMethodology |       |
| 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 |  |