

Applications must be received at the School of Psychology, Speech & Hearing by November 1st.

Please return by mail or email to:

Coordinator of Postgraduate Programme (Speech and Language Sciences)

School of Psychology, Speech & Hearing, University of Canterbury, Private Bag 4800, Christchurch 8041,

New Zealand Or speech-hearing-admin@canterbury.ac.nz



Master of Science in Speech Language Sciences (MSc) Application

Important notes:

- Please PRINT CLEARLY. To ensure that your application is processed efficiently and to ensure that we can contact you, it is essential that we can accurately interpret the information you supply, particularly your name, email and postal address details.
- 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. Faxed, scanned or emailed documents will not be accepted as original or certified copies.
- International students – apply as early as possible to give yourself maximum preparation time for visa, fee payment, travel and accommodation arrangements.

MSc

Personal details

UC Student ID number _____ Date of birth: (dd/mm/yyyy) _____ Gender: Male Female

Family name (as shown on passport) _____

First name(s) (as shown on passport) _____

Preferred names _____ Title: Dr / Mr / Mrs / Miss / Ms Other _____

Postal address _____

Home telephone _____ Mobile phone _____

Email (*this is the preferred contact method*) _____

Skype (contact name if you have one) _____

Nationality (*list all countries where you hold citizenship*) _____

Are you a New Zealand resident? No Yes

Do you have an Iwi affiliation? No Yes (*please state*) _____

Native language _____

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 _____ Scores _____

(Evidence must be supplied – please see www.canterbury.ac.nz/admissions/international/english.shtml for university requirements)

Academic preparation

- I attach the following certified true copies of my academic transcripts and graduation certificates from providers other than University of Canterbury as evidence in support of my admission. Copies of original documents must be certified as true copy of the original document by a Justice of the Peace, Notary Public, Solicitor, or an official of the institution that issued the original document and must bear the official stamp of that person or institution. Uncertified photocopies will not be accepted.

List all Universities you have attended or are now attending and qualifications received:

University	Start date	End date	Specific field of study	Type of degree & date awarded

Note: If academic qualifications are not in English, please also supply an official English translation of these documents.

Recommendations

Please arrange for the two recommendation/referee forms that are included with this application to be completed and **submitted directly by each referee**.

Provide the names of the referees involved and email addresses:

1. Name _____ Email _____
2. Name _____ Email _____

Area of interest

Admission to the MSc requires that you first identify a staff member in the School of Psychology, Speech & Hearing to supervise your research.

Please state the staff member's name _____

If you have not done this, you may select from the list below, two or more areas of interest, numbered in order of preference, to provide an indication of your intentions. However, you must contact appropriate staff members to discuss your admission prior to acceptance. Dr Huckabee can assist you with this step.

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Language Disorders | <input type="checkbox"/> Child Language Development & Disorders | <input type="checkbox"/> Clinical Education |
| <input type="checkbox"/> Fluency Disorders | <input type="checkbox"/> Motor Speech Disorders | <input type="checkbox"/> Multicultural Aspects |
| <input type="checkbox"/> Phonetics | <input type="checkbox"/> Phonological Development & Disorders | <input type="checkbox"/> Speech Science |
| <input type="checkbox"/> Swallowing & Related Disorders | <input type="checkbox"/> Voice Disorders | <input type="checkbox"/> Other (specify) _____ |

Note: Although every effort will be made to ensure that you are able to study in the primary area of interest, circumstances may prevent this and your next choice may be used.

Have you determined which pathway of study you are interested in undertaking:

- Pathway 1 – Research Methods Pathway 2 – Advanced Study in Clinical Theory and Supervision Undecided

The MSc Degree can be pursued as either a 12 month full-time course or a part-time 24 month extramural course.

Please select the length of programme you plan to pursue:

- 12 month full-time 24 month extramural

Police Check

- If invited into the programme, I agree to complete the Request and Consent form so that a NZ Police Check can be carried out.

Have you lived in a country other than New Zealand continuously for 12 months or more in the last 10 years when you were over 16 years of age?

- No Yes

If yes, provide us with the name of the country _____

If invited into the Programme, you will be required to provide an up to date police check from that country, translated to English if necessary.

Statement of Purpose

Please attach a one page statement explaining your career goals, reasons for pursuing postgraduate study, details of interests and qualifications for pursuing an advanced clinical degree and your reasons for choosing the University of Canterbury.

Interview

Note that applicants may be interviewed after the Programme Selection Committee receives their application.

This may mean a telephone or skype interview for some applicants.

MSc

Declaration and signature

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

- 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;
- 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;
- that I have the right to see and correct if necessary the information I have provided;
- 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 & 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 agree to advise the Clinic Director of any changes to my circumstances after admission, or prior to or during placement.

Signature of Applicant _____ Date _____

Checklist

Have you:

- Completed ALL sections and answered ALL questions?
- Provided official documentation of academic results from other Universities?
- Provided a self addressed envelope for original transcripts to be returned to you?
- Downloaded two copies of the recommendation form and provided these to your referees?
- Provided evidence of English proficiency (if applicable)?
- International students: included a copy of the personal details of your passport (this does not need to be certified).
- Domestic students new to UC: included a certified copy of evidence of your NZ citizenship or residency status, such as passport or birth certificate.
- Read and signed the declaration?.

Important: *Your application cannot be processed unless originals or certified true copies of your supporting documents are included. Faxed applications are not acceptable. It is your responsibility to ensure that referees have completed and submitted the recommendation form by the first of November.*