

Student Application to Enrol Part-time for Masters Part I

Student ID Number

Full legal name (first/middle/surname)

Email address (for all correspondence)

College 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.

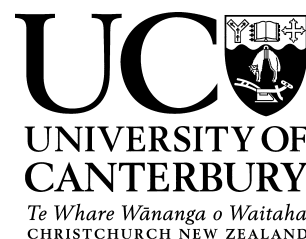
Date:

[Please email this form and any additional supporting documentation to collegeofscience@canterbury.ac.nz. Please also include your Student ID Number for our reference].

College of Science Notes:

- | | | |
|---------------------------------|-----|----|
| 1. Supporting Material Attached | Yes | No |
| 2. Student Transcript Attached | Yes | No |
| 3. Other Notes Attached | Yes | No |

Date:



Head of

Date:

Approved: Yes No

Signature:

[Please email this form and any additional supporting documentation to collegeofscience@canterbury.ac.nz]

Academic Manager / Dean of Science

Date:

Final date for completion of MSc Part I:

Approved: Yes No

Signature: