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| Master of Linguistics: Thesis Enrolment |

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| Important notes |
| **This form relates to the thesis component of the Master of Linguistics (MLING). Before you complete this form, it is recommended that you contact the Head of Department of Linguistics to discuss your ideas for your thesis. Their contact details are found at:** [**https://www.canterbury.ac.nz/arts/schools-and-departments/linguistics/contact-us/**](https://www.canterbury.ac.nz/arts/schools-and-departments/linguistics/contact-us/) **. Your research ideas can be preliminary at this stage, as you will develop them during the early part of the MLING programme.**  Please note that you must still complete a UC Application to enrol via 0800VARSITY). Please refer to <http://www.arts.canterbury.ac.nz/for/postgrad/thesis-students.shtml> for information on the Masters Enrolment process. |

**Section A: Candidate to complete**

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| **Candidate Details** | | | | |
| **Candidate Name** |  | | **Student ID no.** |  |
| **UC Email address, if applicable** |  | | **Phone no.** |  |
| **Other Email address** |  | | | |
| **Residential address** |  | | | |
| **Entry Requirements** | | | | |
| **Please select which of these entry requirements you meet:** | | | | |
| **I have a New Zealand degree**  *Please attach an original Academic Transcript to this application.*  *(Note: University of Canterbury transcripts do NOT need to be attached.)* | | **Name of degree** |  | |
| **Subject** |  | |
| **Year completed/conferred** |  | |
| **Class of Honours**  **(if applicable)** |  | |
| **University** |  | |
| **OR** | | | | |
| **I have admission ad eundem to this University** | | **Date granted** |  | |

**Section B: Candidate and Supervisor to Complete**

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| **Degree Information** | | | | | | | |
| **Please provide below details of the degree you wish to enrol in** | | | | | | | |
| **Degree**  **(e.g., MA/MFA)** | MLING | **Subject code** | | LING691 | | **Department/School** | Linguistics |
| ***Proposed Research Area***  *If you have an idea for the topic of your research project, please outline it here. If you’re not sure yet, at least indicate which subfield of Linguistics you think you will be working in (e.g. phonetics, syntax, sociolinguistics). You will develop your plans during the early part of the MLING. A detailed proposal is required within:*   * *two months of enrolment if full-time; or* * *four months of enrolment if part-time, or* * *a deadline specified by the Dean at the time of enrolment*   *You can access the form at:*  [*http://www.arts.canterbury.ac.nz/for/postgrad/masters\_enrolment.shtml*](http://www.arts.canterbury.ac.nz/for/postgrad/masters_enrolment.shtml) | | | | |  | | |
| ***Supervision***  *Name the supervisor who has indicated a willingness to act as Principal Supervisor of the thesis. The Head of Department of Linguistics can help you complete this section.* | | | | |  | | |
| ***Other possible supervisors***  *Name the other supervisors or members of the supervisory committee who may be involved in your project. The Head of Department of Linguistics can help you complete this section.* | | | | |  | | |
| **Proposed enrolment date**  *The typical start date for the MLING is the beginning of Semester 1. Other start dates must be agreed in advance with the Head of Department of Linguistics and Dean of the Faculty of Arts.* | | | | | **Beginning of semester 1**  **Other, start date:** | | |
| **Do you wish to enrol as a part-time or full-time student?**  *(Note that if you wish to apply for part-time status you must provide reasons why and provide supporting documentation, if applicable. Do this on a separate sheet and attach to this form).* | | | | | **Full time**  **Part time**  **If part time, a separate sheet attached explaining reason(s)** | | |
| **Might your proposed programme of study require:**  *You may not be sure of the answers to these questions yet. Please elaborate in the comments section, if appropriate.* | | | | | | | |
| 1. **any period of study away from the University?** | | | **Yes  No** | | **Comments:** | | |
| 1. **any period of study outside New Zealand?**   *(You may need to complete a separate form to study extramurally; contact the Faculty of Arts for more information)* | | | **Yes  No** | | **If yes, which country?**  **- Is this country deemed an extreme or high risk (see** <https://www.safetravel.govt.nz/travel-advisory-risk-levels>**)? Yes  No**  **- Have you completed a separate form to study extramurally? Yes**  **No** | | |
| **any fieldwork?**  *(For information about what constitutes a field activity see*  <https://intranet.canterbury.ac.nz/hs/toolkit/tools/hs_msc33.doc>) | | | **Yes  No** | | **Comments:** | | |
| **Candidate**  I confirm that the above information as well as any additional documents attached are complete and correct, and that I am aware of my responsibilities as outlined in the University’s Code of Practice (For more information visit: <http://www.canterbury.ac.nz/ucpolicy/>) | | | | | **Full Name:**  **Signature:**  **Date:** | | |
| **Primary Supervisor**  I confirm that I am willing to act as Principal Supervisor of the research for the abovementioned candidate | | | | | **Full Name:**  **Signature:**  **Date:** | | |

**Section C: Head of School to Complete**

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| **HOS Comments** | |
| **At this stage a preliminary assessment of the proposed research is required; the research proposal post-enrolment will require more precise details.** | |
| Is the staff member named above a suitable senior supervisor, available and willing to supervise, and has attended the workshop on Thesis supervision? | **Yes  No**  **Comments:** |
| If members of the supervisory team are in different departments/schools of this university, please indicate below, in percentages, what the EFTS per department/school should be (e.g., HUMS70%, SAPS 30%)? | **% EFTS: School:**  **% EFTS: School:**  **% EFTS: School:** |
| **Are the following resources available to support the proposed research?** | |
| Library  Equipment and materials  Space  Technical assistance | **Yes  No  Not applicable**  **Yes  No  Not applicable**  **Yes  No  Not applicable**  **Yes  No  Not applicable** |
| Has the student been advised of the necessary Programme/School processes, training and approvals for fieldwork activities? | **Yes  No  Not applicable** |
| Is travel to high or extreme risk countries warranted? | **Yes  No  Not applicable**  **If yes, what risk mitigation strategies are in place?** |
| Has the student been advised in regard to travel to high or extreme risk countries? | **Yes  No  Not applicable** |
| Will the department cover the additional insurance costs for travel to high or extreme risk countries? | **Yes  No  Not applicable**  **Comments:** |
| **Head of School**  *The HOD/HOS may delegate to a Programme Coordinator or other suitable person, and in the case of a student enrolled in a Research Centre, the Director of the Centre should act as HOD/HOS.* | **Full Name:**  **Signature:**  **Date:** |

***Please forward this form (ONCE ALL COMPLETED AND SIGNED) to:*** [***artsdegreeadvice@canterbury.ac.nz***](mailto:artsdegreeadvice@canterbury.ac.nz)

**Dean to Complete**

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| **Dean Comments** | | | |
| **Comments** |  | | |
| **Decision** | Approved  Not Approved  More information required  Please specify: | | |
| **Signature** |  | **Date** |  |

**Postgraduate Student Advisor to Complete**

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| **Faculty Office** | | | |
| **Step 1** | | PG DB | **Step 2** | Jade  (Adjust date)  ourUC (approve award) |
| **Research Reg. Date** | |  | **Proposal Due Date** |  |
| **Research Sub. Date** | |  | **Progress Report Date** |  |