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| Master of European Union Studies: Research Enrolment |

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| **Important Notes** |
| Before you complete this form, you need to contact a suitable member of the academic staff and discuss your proposed topic of research and whether there are suitable academic staff available to supervise you.  The best place to start is by checking with the Programme Coordinator of the programme you wish to enrol in.All students undertaking a Master research programme in the Faculty of Arts must complete this form. (Please note that you must still complete a UC Application to enrol via 0800 VARSITY). Please refer to <http://www.arts.canterbury.ac.nz/for/postgrad/thesis-students.shtml> for information on the Masters Research Enrolment process. |

**Section A: Candidate to Complete**

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| **Candidate Details** |
| **Full Name** |  | **Student ID** |  |
| **UC Email** |  | **Phone** |  |
| **Other Email** |  |
| **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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| **Research Information** |
| **Proposed Research Area***Please state in general terms what the research proposal is. 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 research* |  |
| **Other Supervisors***Other supervisors or members of the supervisory committee (please specify role, e.g. Co-supervisor, Associate Supervisor)* | **Name(s):** **Role(s):**  |
| **Proposed Enrolment Date***The start date for a Master’s research is normally set at* *1 March (for semester one) or 1 August (for semester two). However, you may begin your research at any time (normally 1st of month) that is convenient for you and your supervisor.* | [ ]  **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)**  |
| **Will your proposed programme of study require:** |
| 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** [ ]  |
| 1. **any fieldwork?**

*(For information about what constitutes a field activity see*[*https://intranet.canterbury.ac.nz/hs/toolkit/tools/hs\_msc33.doc*](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 research 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., HACA 70%, LSPS 30%)? | **% EFTS:** **School:** **% EFTS:** **School:** **% EFTS:** **School:**  |
| **Are the following resources available to support the proposed research?** |
| LibraryEquipment and materialsSpaceTechnical assistanceOther? | **Yes [ ]  No [ ]  Not applicable [ ]** **Yes [ ]  No [ ]  Not applicable [ ]** **Yes [ ]  No [ ]  Not applicable [ ]** **Yes [ ]  No [ ]  Not applicable [ ]** **Please specify:**  |
| 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 proposed? | **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***In cases where the HOD/HOS are supervisors of the student, the department must decide on the appropriate delegation (e.g., Programme Coordinator) to sign the application forms. 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***

**Dean to Complete**

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| **Dean Comments** |
| **Comments** |  |
| **Decision** | **Approved** **[ ]  Not Approved** **[ ]**  |
| **Signature** |  | **Date** |  |

**Postgraduate Student Advisor to Complete**

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| **Faculty Office** |
| **Step 1** | PG DB [ ]  Log **[ ]**  | **Step 2** | Log **[ ]**  SMS **[ ]** (approve ATE) | **Step 3** | HD mod [ ]  (note in PG DB once HD mod updated) |
| **Research Reg. Date** |  | **Proposal Due Date** |  |
| **Research Sub. Date** |  | **Progress Report Date** |  |