

Waikato Graduate Women Educational Trust
University of Waikato Masters Study Award
Application Form

Closing date: 30 April.

Completed applications must be sent to The WGW Awards Committee, P O Box 148, Hamilton 3240.

Applicant's name _____
Family name Given name(s)

Address _____

Student ID number _____ Phone no. _____

Email address _____

Thesis topic _____

Masters qualification enrolled in _____

University Department(s) _____

Supervisors	Name	Department
Chief Supervisor	_____	_____
Other supervisors	_____	_____
	_____	_____

I confirm that all details provided as part of this application are true and correct.

I confirm that I am currently enrolled, as a full-time student at the University of Waikato, for the final year of a Masters degree.

I give permission for the University of Waikato's Scholarships Office to supply the Awards Committee with a copy of my academic transcript.

Please cross out the above statement if it is not applicable.

Applicant's signature Date

Please check that you have included all information requested in point 5 of the details document for this Award.

Referee

Chief Supervisor's name _____

Phone no. (day) _____ Phone no. (evening) _____

Email address _____