

Waikato Graduate Women Educational Trust
University of Waikato Masters Study Award

APPLICATION FORM

CLOSING DATE FOR APPLICATIONS:

30 April annually

Completed applications must be sent to:

**Awards Committee
P O Box 148
Hamilton**

Name:	.....	.....
	First name(s)	Family name	
Address	..... .....	
Student ID number	Phone
Fax	Email

Masters degree details

Thesis topic	..... .....	
Degree:	.....	
University Department(s):	.....	
Supervisors	Name	Department	
Main supervisor:	.....	.....
Other supervisor(s):	..... .....	..... .....
You must attach to this application:			
Your academic transcript (a current official transcript including both undergraduate and graduate study or a certified copy) if your previous studies were not completed at the University of Waikato. <input type="checkbox"/>			
A brief (no more than one A4 side) summary of your Masters thesis proposal <input type="checkbox"/>			

REFEREES

Note: The applicant is responsible for arranging for each of the following two academic referees to complete one of the attached referees' forms and to forward it to

**Awards Committee
P O Box 148
Hamilton**

no later than 30 APRIL

Referee 1

Name:	.....	.....
	First name(s)	Family name
Address	.....
	
Phone (day)	.....	Phone (evening)
Fax	.....	Email

Referee 2

Name:	.....	.....
	First name(s)	Family name
Address	.....
	
Phone (day)	.....	Phone (evening)
Fax	.....	Email

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.

Applicant's signature

Date:

I give permission for the University of Waikato's Scholarships Office where I completed my previous studies, to supply to the Awards Selection Committee a copy of my academic transcript (if applicable)

Applicant's signature

Date:

