

**Waikato Graduate Women Educational Trust**

**Te Raranga Mātauranga Award**

**Nomination Form: Two nominations permitted per School/Faculty**

**Closing date: 30 April**

**Nominating School/Faculty** \_\_\_\_\_

**Nominee's details**

Name \_\_\_\_\_  
Family name Given names

Iwi affiliation(s) (if known) \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Degree enrolled in as a fulltime student \_\_\_\_\_

Major subject/special programme \_\_\_\_\_

First supporting subject (if applicable) \_\_\_\_\_

Papers with Māori content \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nomination**

I \_\_\_\_\_ of \_\_\_\_\_  
Name of Dean or Dean's nominee School/Faculty

confirm that the abovenamed student is one of no more than two nominees of this School/Faculty for Te Raranga Mātauranga Award for this year.

I confirm that this nominee is enrolled as a fulltime student in the final year of her first Bachelors degree.

Signed \_\_\_\_\_  
Dean or Dean's nominee

**Student agreement to nomination**

I \_\_\_\_\_ agree to be nominated by \_\_\_\_\_  
Nominee's name

The School/Faculty of \_\_\_\_\_  
for Te Raranga Mātauranga Award for this year.

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

I agree to my personal and academic details being considered by the Awards Committee of the Waikato Graduate Women Educational Trust in relation to my nomination for this award.

Signed \_\_\_\_\_ Date \_\_\_\_\_