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| **PLEASE NOTE** | * ***This form must be typed. Handwritten forms will not be accepted.***
* ***Double-clicking on the check boxes enables you to change them from not-checked to checked.***
* ***Master of Philosophy students will be enrolled in one of four intakes throughout the year (1st February, 1st May, 1st July or 1st October).***
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| student to complete |

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| **Student ID**  |  | **Name** |  |
| **Faculty**  | Choose a Faculty | **School/Dept** |  |
| **Programme** |  | **Discipline** |  |
| **Proposed Start Date** |  | **Full-time** [ ]  | **Part-time** [ ]  |
| **Master of Philosophy applicants only - Proposed Intake date:** | **Choose an Intake** |
| **Ethnicity** |  | **Residency** | **Citizen/PR** [ ]  | **International** [ ]  |
| **Is an AUTEC/Ethics application required?** |  **Yes [ ]**  |  **No** [ ]  |
| **Will this research involve working with children?**If yes, see ‘Vulnerable Children’s Act’ information in the Postgraduate Handbook. |  **Yes [ ]**  |  **No** [ ]  |
| **If yes, you are required to provide a National Police Clearance check. Has this been submitted to the Faculty Postgraduate Office?** [**https://www.criminalrecords.govt.nz/#**](https://www.criminalrecords.govt.nz/) |  **Yes [ ]**  |  **No** [ ]  |
| **Has a supervision agreement been completed?**Supervision agreements are compulsory |  **Yes [ ]**  |  **No** [ ]  |
| **Thesis** [ ]  | **Dissertation** [ ]   | **Points Value** |  |
| **Traditional Format 1** [ ]  | **Manuscript Format 2** [ ]  | **Practice-led Format 3** [ ]  |
| **Working Title** |  |

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| indicate where you will be based during your studies: (This does not include trips for data collection) |
| **I will be based on an AUT Campus for the full duration of my studies:** | **Yes** [ ]  |  **No** [ ]  |
| **If you will be off-campus (either temporarily or permanently) where will you be based:** | **City:** |  | **Country:** |  |
| **Dates will be off campus:** | **From:** |  | **To:** |  |
| Note: Contact your Faculty Postgraduate Coordinator with information relating to an additional supervisor located at the external location, and an off-campus plan (schedule of meetings, access to equipment, fees requirements, Intellectual property requirements, support and expectations/goals). |

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| Confidential material |
| **Will you be requesting that your research be embargoed?** If yes, please include documents to support this request from your supervisor | **Yes** [ ]  | **No** [ ]  | **Unsure** [ ]  |

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| Intellectual Property |
| ***Applying AUT’s policy (aut.ac.nz/ip), IP will be owned by:*** Note that under the AUT policy students always own their research component and academic publications. IP ownership questions can be directed to the Research Office or AUT Ventures (ventures.aut.ac.nz). If unsure please contact AUT Ventures | **The student** | [ ]  |
| **AUT** | [ ]  |

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| Scholarships |
| **Do you hold, or are you likely to hold, any scholarships/awards/sponsorship by an external organisation?** | **Yes** [ ]  |  **No** [ ]  |
| **Are fees included in the scholarship?** | **Yes** [ ]  |  **No** [ ]  |
| **Give the name(s) of scholarships/awards/sponsors** |  |

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| Language |
| The University supports theses written in English or Te Reo Māori. Sign language is an official language of New Zealand, however theses must be written. Will your research be presented in: |
|  | English |  [ ]  |
|  | Te Reo Māori |  [ ]  |

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| Research Proposal  |

*Note: It is advisable that research students and supervisors discuss an alternative research plan for implementation if the original research plan proves impracticable so that the research can be completed within the required timeframe.*

***Provide 2-3 pages containing a description of your proposed research. Use the following headings.***

**Working Title**

*The current proposed title of the research.*

**Research Question(s)**

*Clearly state the research question(s). The research question should be clear and focused and summarises the issue you will investigate.*

**Abstract/Summary:** (100 words or fewer)

*A brief summary of the research to be undertaken, written in non-technical language so that a non-specialist in the discipline will know what the proposal involves.*

**Literature/Past Research Review** (up to 1 page)

*A brief account of how the proposed project relates to existing knowledge and literature within the appropriate field.*

**Design/Plan of the Study:**

*Provide a brief outline of the potential methodology and methods/research technique(s) to be employed in the study.*

**Ethics**

*The key ethical considerations to be addressed in the research. Indicate whether ethical approval will be required. If ethical approval is not required, please include a statement identifying the reasons why the approval is not required.*

**Resources and Budget**

*Indicate what resources (if any) you will need to complete your research which are over and above those that are readily available in the library, computer centre, laboratories etc. Indicate a planned budget for your research. Please indicate how you intend to fund your research, e.g. - through scholarships, personal expenses, etc. If the resources required are higher than that which might be provided by your faculty please state how this will be funded.*

I acknowledge that any costs that exceed the approved faculty research funds (or any scholarship or external funds) will be covered by me: **Yes**  [ ]

**Location**

*Indicate where the research will be conducted, and if not at AUT, provide a brief justification and indicate how communication and resource issues will be addressed.*

**Timetable for Completion**

*Provide an outline of the major activities required to complete your research and write up your thesis/dissertation (including activities already completed or partially completed), and indicate the date by which you expect to complete each activity.*

**References**

*A list of sources referred to in the proposal.*

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| DECLARATION BY Student |
| I declare that the information provided by me in this application is true and complete. I recognise that it is my responsibility to provide all necessary documentation to support my application and I authorise Auckland University of Technology, where necessary, to obtain further relevant documentation and to verify my qualifications as detailed in this application. I acknowledge that AUT reserves the right to vary or reverse any decision regarding admission to candidature on the basis of this application. I have read and understand the conditions of candidature outlined in the current Postgraduate Handbook and am prepared to accept them in full. |
| **Student’s signature**: |  | **Date**: |  |

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| Supervisor(s)/ADvisor(s) to complete |

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| primary Supervisor/Co-Supervisor support Statement (All programmes) |
| **Please detail key reasons underpinning your support for this student’s commencement of the research component of this programme (including consideration of budget implications, resources and that the timeframes indicated are realistic).**  |

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| Special Admission (Mphil Only) |
| If an MPhil applicant does not meet AUT’s standard admission requirements, a special admission application may be considered. In considering this special admission application the University Postgraduate Research Board will consider evidence that demonstrates the applicant has experience/qualifications/training that is equivalent to the standard admission requirements.***Please refer to page 31 of the Postgraduate Handbook for details on what should be included in your support statement.*** |
| **Has the applicant provided evidence of experience, qualifications and/or training that is equivalent to the standard MPhil admission requirements?***Ensure that the evidence has been appended to the application documents.* | **Yes** [ ]  | **No** [ ]  |
| **Provide details:** |  |
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| **In your opinion, does the evidence show that the applicant has the potential to be successful in the MPhil programme?** | **Yes** [ ]  | **No** [ ]  |
| **Comments:** |  |
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| SUPERVISOR / ADVISOR DECLARATION |
| As supervisors, we are committed to ensure that adequate and appropriate supervision will be provided according to University policy and any/all issues relating to conflict of interest with respect to the student and/or the project will be declared and managed appropriately. |
| **You must select EITHER primary/secondary** **structure OR co-supervisor structure throughout, not a mix of both.** |
| **Supervisor Type (select option)** |  | **Supervised Master’s to Completion** | **Yes** [ ]  | **No** [ ]  |
| **Signature** |  | **Date** |  |
| **Supervisor Type (select option)** [**i**](#Sturcture) |  | **Supervised Master’s to Completion** | **Yes** [ ]  | **No** [ ]  |
| **Signature** |  | **Date** |  |
| **Supervisor Type (select option)** |  | **Supervised Master’s to Completion** | **Yes** [ ]  | **No** [ ]  |
| **Signature** |  | **Date** |  |
| **Role of Additional Supervisor/ Advisor** |  |
| **External Supervisor/ Advisor** |  | **Supervised Master’s to Completion** | **Yes** [ ]  | **No** [ ]  |
| **Contact email address:** |  | **An approval email has been received from line manager?** | **Yes** [ ]  |
| **Signature** |  | **Date** |  |

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| mentor supervisor |
| Where a supervisor has not supervised to completion a mentor should normally be appointed. The following supervisor will act as mentor for all who requires this within the supervisory team. |
| **Name** |  |
| **Signature** |  | **Date** |  |

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| resource sign off |
| **HOD/HOS/Dep Chair/****Authorised staff member** |  | **Confirm Resources** **Available for this project** | **Yes** [ ]  | **No** [ ]  |
| **Signature** |  | **Confirm Supervision is Available for this project** | **Yes** [ ]  | **No** [ ]  |
|  |  | **Date** |  |
| **Name of HOD/HOS of Secondary/Co-Supervisor**  |  | **Confirm Supervision****Available for this project** | **Yes** [ ]  | **No** [ ]  |
| when supervisor is located in a different department/ school/faculty |  | **Confirm Supervision is Available for this project** | **Yes** [ ]  | **No** [ ]  |
| **Signature** |  | **Date** |  |
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| Faculty/Department/School to complete |

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| faculty postgraduate committee endorsement |
| **Associate Dean (name)** |  | **Faculty PGC Approval Date** |  |
| **Signature** |  |  |  |

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| university postgraduate board approval (Mphil Only) |
| **Approval** | I approve admission to the above AUT Master of Philosophy programme with any conditions as listed above |
| **Name** |  | **Title** |  |
| **Signature** |  | **UPRB Approval Date** |  |