

New Zealand Federation of Graduate Women (Inc.)

Waikato Graduate Women Wintec Post-Graduate Award

APPLICATION FORM

CLOSING DATE FOR APPLICATIONS: 30 APRIL annually

**Completed applications must be sent to: Convenor: Awards Committee
Waikato Branch NZFGW
P O Box 148
Hamilton**

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

Post-Graduate qualification details

| | | |
|--|----------------|--------------------------|
| Research topic (if applicable) | ..... ..... |  |
| Qualification: | ..... |  |
| Wintec Department(s): | ..... |  |
| Supervisors | Name | Department |
| Head of Department: | ..... | ..... |
| Other supervisor(s): | ..... ..... | ..... ..... |
| You must attach to this application: | | |
| Your academic transcript (a current official copy including both undergraduate and graduate study) | | <input type="checkbox"/> |
| A brief (no more than one A4 side) overview of your post-graduate studies | | <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

Convenor: Awards Committee
Waikato Branch NZFGW
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** or a **part-time** (please circle appropriate status) student at the Waikato Institute of Technology for a post-graduate qualification.

Applicant's signature

Date:

New Zealand Federation of Graduate Women (Inc.)

Waikato Graduate Women Wintec Post-Graduate Award

Reference Form

Completed references must be sent to:

Convenor: Awards Committee

Waikato Branch NZFGW

P O Box 148

Hamilton

no later than 30 April

Name of applicant:
First name(s) Family name

Name of referee:

Note for referees:

1. Please provide a reference for the student named above. The reference should include information about your assessment of her as a student and/or a character reference and any other appropriate information. Please also indicate how long you have known the applicant and your relationship to the applicant eg supervisor, employer.
2. Your reference can be written /typed in the space below or can be attached as a separate sheet.
3. Your reference should be posted to the address above or faxed to: +64-7-843 8329

Name (please print):

Signature:

Date