

Waikato Graduate Women Educational Trust
Ngā Raukura Wāhine Mātauranga o Waikato
Waikato Institute of Technology Postgraduate 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 _____

Masters qualification enrolled in _____

Wintec Department(s) _____

Thesis topic (if a thesis is being undertaken) _____

Thesis Supervisors (if applicable)	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 at the Waikato institute of Technology, in the final year of a first postgraduate qualification which requires the equivalent of one year of fulltime study or longer.

Applicant's signature Date

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

Referee

Referee's name _____

Referee's position/role in Wintec _____

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

Email address _____