



MASSEY UNIVERSITY
GRADUATE RESEARCH SCHOOL

Notification of Change to Doctoral Study Status

Name: _____
(Surname or Family Name) (Given or First Name(s))

Massey ID Number: _____

Programme of study: PhD DBA DCLinPsych EdD

(Please keep your contact details up to date on My Massey)

CHANGE OF STATUS:

Current Status: Full-time Part-time

Change to: Full-time Part-time

Date Change to take effect: _____

Note: If you are currently receiving financial assistance from StudyLink, you need to be aware that changes in your enrolment status (including study status change) may affect your eligibility to access either Student Loans and/or Allowances. If you require confirmation of any possible ramifications an enrolment status change may have, please contact the Finance Officer, Massey University Information Services, on ext. 7591.

Reason for Change: _____

TO BE COMPLETED BY EMPLOYER WHEN THE CANDIDATE CHANGES TO PART TIME STUDY DUE TO EMPLOYMENT

(To be completed by applicant's employer or, for Massey University staff members, their Academic Unit Head)

Normally a candidate who is employed during the duration of their programme will be studying part-time. The exception is candidates whose research is the nature of their work. Employers need to consider how much work time can be granted for the candidate's Doctoral programme. For part-time candidate's, normally this would be in the order of 12-15 hours per week off work time on average (this may include dedicated time blocks or periods where a larger proportion of work time is committed to the Doctoral programme).

Is the applicant a Massey University Staff Member? Yes No

If not, what is the name of your company? _____

What is your position? _____

Are you aware that the applicant is enrolled in a Doctoral programme? Yes No

Are you, or is the company aware of, the time the applicant is required to commit to the programme?
(See notes above) Yes No

Have you, or has the company made provisions for, the applicant to dedicate the recommended time as stated above to their Doctoral study? Yes No

Will the supervisor(s) be given ready and free access to this applicant at the place of his/her employment during the period of his/her registration for the Doctoral study? Yes No

Name: _____

Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

Supervisor's Recommendation: Support Do not support

Supervisor's signature: _____ Date: _____

HEAD OF ACADEMIC UNIT TO COMPLETE***Approval and signature required***

Head of Academic Unit Signature: _____ Date: _____

Please return to the Doctoral Office, Graduate Research School (PN 713)

GRS OFFICE USE ONLY

Approved New Completion date: _____
Declined

Dean's Signature: _____ Date: _____