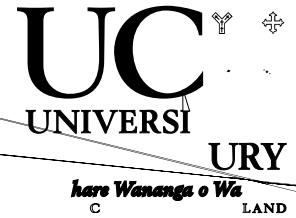


Applications must be received at the School of Psychology, Speech & Hearing by November 1st.  
Please return by mail or email to:  
Coordinator of Postgraduate Programme (Speech Language Sciences)  
4 D I P P M P G 1 T Z D I P M P H Z v e r s i t y o f C a n t e r b u r y , P r i v a t e B a g 4 8 0 0 , S t C h u r c h 8 0 4 1 ,  
New Zealand Or T Q F F D I I F B S J O H B E N J O @ c a n t e r b u r y . a c . n z



# Master of Science in Speech Language Sciences (MSc) Application

## Important notes:

Please PRINT CLEARLY. To ensure that your application is processed efficiently and to ensure that we can contact you, it is essential that we can accurately interpret the information you supply, particularly your name, email and postal address details.

All sections must be completed.

Applications which are incomplete are not able to be processed. Therefore, please ensure you provide all required documentation. This includes all transcript degree certificates for university level study undertaken (other than from the University of Canterbury). Academic documents must be originals or certified true copies. Faxed, scanned or emailed documents will not be accepted as original or certified copies.

International students – apply as early as possible to give yourself maximum preparation time for visa, fee payment, travel and accommodation arrangements.

## Recommendations

Please arrange for the two recommendation/referee forms that are included with this application to be completed and submitted directly by each referee

Provide the names of the referees involved and email addresses:

1. Name \_\_\_\_\_ Email \_\_\_\_\_
2. Name \_\_\_\_\_ Email \_\_\_\_\_

## Area of interest

Admission to the MSc requires that you first identify a staff member in the School of Psychology, Speech & Hearing to supervise your research.

Please state the staff member's name \_\_\_\_\_

If you have not done this, you may select from the list below, two or more areas of interest, numbered in order of preference to provide an indication of your intentions. However, you must contact appropriate staff members to discuss your admission prerequisites. Dr Huckabee can assist you with this step.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adult Language Disorders       | <input type="checkbox"/> Child Language Development & Disorders | <input type="checkbox"/> Clinical Education    |
| <input type="checkbox"/> Fluency Disorders              | <input type="checkbox"/> Motor Speech Disorders                 | <input type="checkbox"/> Multicultural Aspects |
| <input type="checkbox"/> Phonetics                      | <input type="checkbox"/> Phonological Development & Disorders   | <input type="checkbox"/> Speech Science        |
| <input type="checkbox"/> Swallowing & Related Disorders | <input type="checkbox"/> Voice Disorders                        | <input type="checkbox"/> Other (specify) _____ |

Note: Although every effort will be made to ensure that you are able to study in the primary area of interest, circumstances may prevent this and your next choice

## Police Check

If invited into the programme, I agree to complete the Request and Consent form so that a NZ Police Check can be carried out.

Have you lived in a country other than New Zealand continuously for 12 months or more in the last 10 years when you were over 16 years of age?

No  Yes

If yes, provide us with the name of the country \_\_\_\_\_

I

