.

# AUCKLAND BIOENGINEERING INSTITUTE ADMISSION TO ME

**(ABI** – **PG01)**

This form is to be used by all postgraduate students wishing to enrol in the Auckland Bioengineering Master’s thesis program.

Submit the completed form to the ABI Reception Level 6 or email to [bioeng-postgrad-advisor@auckland.ac.nz](mailto:bioeng-postgrad-advisor@auckland.ac.nz)

You must also **apply for admission online** if you have not already been granted admission to the programme.

You must also **enrol in the thesis paper** as required by your program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1. Student**’s **Details:** | | |  |
|  | Family name: | First Name(s): | Student ID: |  |
|  | Email Address: | Contact Phone: | Mobile Phone: |  |
|  | **1.1. Specify Source of Student Support & Research Funding:** | | |  |
|  |  | | |  |
|  |  | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2. Thesis information:** | | |  |
|  | Department / Area : Bioengineering | Semester Start: | Part-Time Full-Time |  |
|  | Proposed Thesis Title: | | |  |
|  |  | | |  |

**3. Research Intent, Aims and Methodology: (continue on a separate sheet if required)**

|  |  |  |
| --- | --- | --- |
|  | **4. Resources Required for Completing:** |  |
|  |  |  |
|  | | |
|  | **5. Timeline (deadlines for various objectives):** |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **6. Signatures:** | |  |
|  | Supervisor’s Name : **(please print)** | Supervisor’s Signature: |  |
|  | Date: |
|  |  | |  |
|  | Student’s Signature: | PG Adviser’s Signature: |  |
|  | Date: | Date: |  |
|  |  | |  |