



FACULTY OF SCIENCE
Te Wahanga Putaiao

APPLICATION FOR RE-ENROLMENT IN POSTGRADUATE THESIS PROGRAMME

Full Name: _____

Address: _____

Student ID: _____

Home Phone: _____ VUW Ext: _____

Email: _____

Degree: _____

Date of degree commencement: _____

Dates of most recent enrolment: From: _____ to _____

Length of Re-enrolment:

1 month From _____ to _____

3 months From _____ to _____

6 months From _____ to _____

9 months From _____ to _____

12 months From _____ to _____

OR, please specify another time-period: months, from _____ to _____

Status: Full-time Part-time

Signature: _____

Date: _____

Office Use Only
Offer and Invoice sent on: