**REGISTRATION OF INTEREST FOR LIMITED ENTRY PROGRAMMES**

All applicants are required to complete this form and submit it through the Applications for Admission website (Student Services Online) by **1 November**.

Please indicate which programme(s) you apply for:

|  |  |
| --- | --- |
|  | Postgraduate Diploma in Forensic Science |
|  |  |
|  | Master of Science (Forensic Science) |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |
|  |  |  |  |
| University of Auckland ID number (if known) | |  | |

**STATEMENT OF INTEREST**

Brief reasons for applying to the Forensic Science Programme

Describe your motivations for pursuing this course in dysphagia, together with your interests in the area, and any previous experience in this subject. Please also briefly describe previous experience with online learning (maximum 500 words).