**DEPARTMENT OF STATISTICS**

**APPLICATION FORM FOR OVERSEAS RESEARCH AWARD**

Completed application form should be submitted to General Office of the Department of Statistics with the following documents:

* Written consent of the host supervisor.
* Plan of research visit and other activities at the host institution (*Appendix 1*).
* Photocopies of all academic reports of postgraduate studies at home institution.
* Curriculum Vitae.

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| **I. Personal Particulars**  |
| Title (Mr/Ms/Dr) and Name (Family Name / Given Name): Click here to enter text.  | CUID Number:enter text. | Department /Division:enter text. | Study Programme:enter text. |
| Admission Date: enterNormative End Date: enter | Year of Attendance:enter text. | CUHK Thesis Supervisor (Name/Title):enter text. | Postgraduate Studentship Holder: [ ]  Yes [ ]  No |
| Cumulative GPA:enter  | Contact Phone No:enter text. | Email:enter text. | Mailing Address:Click here to enter text. |
| Have you been awarded by this programme before? (if you have received an awarded ONCE you are not eligible to apply)[ ]  Yes: (Year \_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_ Host Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]  No |
| **II. Visit Details at Host Institution** (*Please attach an invitation letter from the host collaborator)* |
| ­­­­­­­­­­­­­Name of Institution: Click here to enter text. | Proposed Visit Period (DD/MM/YY): From enter text. to enter text.  |
| Host Department:Click here to enter text. | Host Supervisor (Name/Title):Click here to enter text. |
| **III. Brief Description of Research Project** *(Please briefly describe your research visit plan at the host institution and indicate why it is essential to your research. Please use separate sheet(s) if needed. )* |
| Click here to enter text. |
| **IV. Declaration by Applicant** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), declare that the statements made and information given in this application are, to the best of my knowledge, true, complete, and correct. I have read and fully understand the “Guidelines for Applicants”. I understand that the personal data provided in this form will be used by the Department of Statistics and authorized personnel responsible for handling applications for the award.   Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **VI.** **Endorsement by Thesis Supervisor, Graduate Division Head and Head of Department**  |
| 1. Recommendation by Thesis Supervisor:

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|  Click here to enter text. |

 [ ]  Support / [ ]  Not SupportName in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. Endorsement by Graduate Division Head: [ ]  Support / [ ]  Not Support

Remarks on the application and the proposed research activity, if any:

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| Click here to enter text. |

Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. Endorsement by Chairman of Department: [ ]  Support / [ ]  Not Support

Remarks on the application and the proposed research activity, if any:

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| Click here to enter text. |

Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*APPENDIX 1*



The Chinese University of Hong Kong

**DEPARTMENT OF STATISTICS**

**APPLICATION FOR OVERSEAS RESEARCH AWARD**

**Information on Research Plan at Host Institution**(To be completed by host supervisor)

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| **Please provide information on the research visit, e.g. research project to be undertaken during the visit and other activities planned at the host institution. (You may use separate sheet(s) if needed.)** |
|   |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_