

**THE CHINESE UNIVERSITY OF HONG KONG**

**Department of Statistics**

**Exchange Trip to The Southern University of Science and Technology, Shenzhen**

**Important Information for Applicants**

1. Applicants should complete this application form and submit the signed form with the following supporting documents to Ms. Yanny Ng, the Department of Statistics ([yannyng@cuhk.edu.hk](mailto:yannyng@cuhk.edu.hk)) by **12:00pm, 7 May 2024 (Tue)**:
  - a. A copy of the unofficial transcript
  - b. A copy of the travel document
  - c. CV
2. Late application will not be considered.
3. If you have any questions, please contact Ms. Yanny Ng at 3943 7952.

**(A) Personal Data**

Name   CU Student ID No. \_\_\_\_\_  
(In BLOCK LETTERS, SURNAME FIRST) (In Chinese) (10 digits)

Programme of Study \_\_\_\_\_  
Mode of Study Full-time College \_\_\_\_\_ Current Year of Study \_\_\_\_\_ Expected Graduation in \_\_\_\_ / 20 \_\_\_\_ (MM/YYYY)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY) Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Address \_\_\_\_\_  
Tel. (Home) \_\_\_\_\_ Mobile (HK) \_\_\_\_\_  
(China) \_\_\_\_\_

E-mail \_\_\_\_\_ (CUHK) / \_\_\_\_\_ (Personal)

**(B) Emergency Contact Information Form**

Primary Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

Secondary Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

**(C) Academic Results**

Term Grade Point Average (Term GPA):

1 <sup>st</sup> Term	<input type="text"/>	2 <sup>nd</sup> Term	<input type="text"/>	3 <sup>rd</sup> Term	<input type="text"/>
4 <sup>th</sup> Term	<input type="text"/>	5 <sup>th</sup> Term	<input type="text"/>	6 <sup>th</sup> Term	<input type="text"/>
7 <sup>th</sup> Term	<input type="text"/>	8 <sup>th</sup> Term	<input type="text"/>	9 <sup>th</sup> Term	<input type="text"/>

**(D) Awards / Academic Distinctions / Scholarships Received in Recent Three Academic Years**

<u>Month/ Year</u> (mm/yyyy)	<u>Name of Award</u>	<u>Amount (HK\$)</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**(E) Extra-curricular Activities**

<u>Year</u>	<u>Student Organization/Activities</u>	<u>Post / Contribution</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**(F) Health Declaration**

Have you ever had the following medical condition(s)? Please put a “✓” in the box(es) below:

- |  |   |
|--|---|
| <input type="checkbox"/> Anaemia                 | <input type="checkbox"/> Measles                |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Mental disease         |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Physical handicap      |
| <input type="checkbox"/> Cardiovascular diseases | <input type="checkbox"/> Tuberculosis           |
| <input type="checkbox"/> Convulsion              | <input type="checkbox"/> Viral hepatitis        |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Visual defect          |
| <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Whooping cough         |
| <input type="checkbox"/> G6PD deficiency         | <input type="checkbox"/> NONE of the above      |
| <input type="checkbox"/> Haemophilia             | <input type="checkbox"/> OTHER, please specify: |
| <input type="checkbox"/> Hearing defect          | _____   |
| <input type="checkbox"/> Hereditary disease      |   |

If you have had the any of the above medical condition(s), please provide further details:

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Do you have any allergies or dietary restrictions?

Yes

No

If Yes, please specify:

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**(G) Declaration and Disclaimer**

I hereby declare that the above information provided is, to the best of my knowledge, complete and true.

I certify that I am physically fit to participate in this activity, implying that I have no medical or physical conditions that could interfere with my safety, or if I do, I have consulted a doctor in advance, and I am willing to assume and bear the consequential costs of any risks that may be created, directly or indirectly, by any such condition.

I agree that my personal data may be used by the Department of Statistics, The Chinese University of Hong Kong for administration, programming and emergencies.

In consideration for being allowed to participate in this activity, I agree to hold harmless the Department of Statistics, The Chinese University of Hong Kong and its staff members conducting the events from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my illness, injury or death, accidental or otherwise, during, or arising in any way from, the events. Any person with normal physical and mental capacity can usually expect to complete the events but preliminary conditioning is strongly advised. The Department of Statistics, The Chinese University of Hong Kong reserves the right to decline any participant whose physical condition is not suitable for the events.

For participant who is below the age of 18, parent's/guardian's declaration and signature are required

I agree to allow \_\_\_\_\_ (Participant's Name) to take part in this activity and certify that the information provided above is true and he/she\* is healthy, physically fit to participate in this activity. The Department of Statistics, The Chinese University of Hong Kong will not be liable for any injury or death when he/she\* is taking part in the event.

Name of Parent/Guardian: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The information submitted above will only be used to ensure the safety and health of the participants, and will not be distributed to third parties except for medical institutions in emergency.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_