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Application Number (for office use)

- Notes: (1) This application form is for students applying for admission to the above collaboration scheme.
 (2) Please complete this application form clearly and accurately in BLOCK letters using a black ballpoint pen.
 (3) After completion of your application form, please pass this form to the supervisor of your home university for approval arrangement.
 (4) Application Deadline: 15 January 2017. : 2017 1 15

A. Personal Particulars

English Name : _____
 Surname : _____
 Given Name : _____

Chinese Name : _____ Gender : Male
 Female

Date of Birth Day / Month / Year _____ Home Province _____ China ID No _____

Home University _____

B. Contact Information

Correspondence Address : _____

City : _____
 Province and Postal Code _____

C H I N A

D. Undergraduate/Postgraduate Academic Qualifications _____ / _____

Part I. Qualifications Obtained (in reverse chronological order) _____)

Month/Year /		Title of Award (Please specify field of study)	Classification of Award/GPA /	Academic Institution		Month/Year of Award /	Language of Teaching of the Institution
From	To			Country	Name		

Part II. Current Studies (Please complete this section if you are currently enrolled in a programme.)

(_____)

Start Date	Title of Programme	Academic Institution		Year of study (1st study year, 2 nd study year) (_____ , _____)	Expected Month/Year of Award /	Language of Teaching of the Institution
		Country	Name			

E. Professional Qualifications Obtained (in reverse chronological order) _____

Name of Awarding Institution (Country) (_____)	Professional Qualification (Please state types of membership/means of attainment e.g. by examination, by election, etc) (_____)	Year of Award

F. Working Experience (in reverse chronological order) _____ (_____)

Month/Year /		Full-time/ Part-time /	Name of Organization	Post	Duties
From	To				

G. Results of English Language Tests Taken _____)

Name of Test	Score	Date of Test	
		Month	Year

H. List of Publications

1. Please list your publication record clearly with the details specified and write down the number of publications in the space provided. If you need to use separate sheets to provide the details, please follow the same format as given below.

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2. Applicants are requested to indicate whether their journal article(s) are listed under the SCI - Science Citation Index. If so, applicants should also indicate (a) the category the journal falls under (e.g. materials engineering) and (b) the ranking of the journal in the said category (e.g. 2 out of 15)

SCI

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<u>Name of Author(s)</u> _____	<u>Title of Publication</u> _____	<u>Name of Journal/Publisher/Conference</u> _____/_____/_____ —	<u>Published/ Accepted for Publication</u> _____/_____ —	<u>Month/Year (to be) Published</u> _____ _____ _____/_____	<u>*SCI/SSCI Listed (Yes/No/N/A)</u> _____ <u>SCI/SSCI</u> ____/____ ____/_____
Book Chapters (Total no. : _____)					
Journal Articles (Total no. : _____)					
Conference Papers (Total no. : _____)					
Others (Total no. : _____)					

I. Academic Referees

Please give names and contact addresses of two persons who have consented to act as your academic referees. Please note that the proposed supervisor and persons from non-academic circles are normally not acceptable as referees.

Name	Position	Name and Address of Institution
1.		
2.		

J. Declaration

1. I declare that the information given in support of this application is, to the best of my knowledge, accurate and complete. I understand that the information will be used in the admission decision process and that any misrepresentation will disqualify my application.
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2. I authorize the City University of Hong Kong to use the data in this application form as a basis for consideration of admission and for various types of processing in relation to my application, including checking on multiple applications and on records of my academic/professional qualifications with the parties concerned.
3. I understand that, upon my registration, the data will become part of my student record and may be used for all relevant purposes in accordance with the administrative procedures of the University.
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4. I agree to substantiate my qualifications claimed in this application form by producing original certificates and transcripts when required.

Signature : _____ Date : _____

Important Notes

Documents to be submitted together with the application form _____:

A photocopy of the following documents _____:

- (a) Official certificates and transcripts of academic qualifications (Certificates and transcripts that are not in English should be accompanied by a formal certified translation in English) _____
;
- (b) Certificates of professional qualifications, if applicable _____
- (c) (In support of your publication record, if applicable) The front page of the papers (for papers that have been published) or the letter of acceptance (for papers that have been accepted for publication) _____
- (d) _____
- (e) Joint Research Statement _____

_____ academic referees for completion. Completed forms should be returned by the referees to the Chow Yei Ching School of Graduate Studies of City University of Hong Kong directly under confidential cover.

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Application Number (for office use)



CONFIDENTIAL

Chow Yei Ching School of Graduate Studies

(To be mailed or faxed by the referee directly to the address noted in the box below.)
 (_____ @ _____)

Notes to the Applicant _____ :

- The applicant should complete Part A below, and send this form to a referee for completion of Part B.
- _____ A _____ B
 _____ supervisor and individuals from non-academic circles are normally not acceptable as referees.

Notes to the Referee _____ :

- Please complete Part B of this form in English and return it directly to the Chow Yei Ching School of Graduate Studies by mail, by email or by fax
 B
 Chow Yei Ching School of Graduate Studies
 City University of Hong Kong
 Tat Chee Avenue
 Kowloon, Hong Kong
 Email: sg@cityu.edu.hk
 Fax No.: (852) 3442-0332

_____ after the admissions process, before the data are destroyed.

Part A To be completed by the Applicant (* please delete as appropriate)

Name of the Applicant : *Mr/Ms _____ (Surname first and in BLOCK letters)
 Programme Applied For : Joint PhD Programme offered by CityU
 Home University 原属院校: _____
 Research Area : _____

Part B To be completed by the Referee (* please delete as appropriate)

Name of the Referee : *Prof/Dr/Mr/Ms _____
 (Surname first and in BLOCK letters)

Position : _____

Institution & Address: _____

Email Address : _____

Telephone No .: _____ Fax No .: _____

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Application Number (for office use)

: _____

1. How long and in what capacity have you known the applicant?

2. Please give _____ (Please tick as appropriate)

Item 目	Excellent (top 5%)	Very Good (top 15%)	Good (top 25%)	Average	Below Average	Unable to Assess
Academic achievements						
Knowledge in the proposed research area						
Capacity to undertake independent research studies 之						
English proficiency						
Chinese proficiency						
Analytical abilities						
Capacity for original thinking 分						
Motivation to pursue research studies 之						

3. 其 函

4. Please give any other comments that you think will be of assistance in assessing the suitability of the applicant for research studies. 之

5. What is your overall recommendation? (please tick as appropriate)

- Highly recommended
- Recommended
- Not recommended

I understand that in accordance with the Personal Data (Privacy) Or request for access both during and after the admissions process, before the data are destroyed. () 本人明白上述评价未被销毁前，申请人可以在入学审批期间或之后要求查阅

Signature of the Referee : _____ Date : _____

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Application Number (for office use)



CONFIDENTIAL

Chow Yei Ching School of Graduate Studies

(To be mailed or faxed by the referee directly to the address noted in the box below.)
 (_____ @ _____)

Notes to the Applicant _____ :

- The applicant should complete Part A below, and send this form to a referee for completion of Part B.
- Please note that an _____ -academic circles are normally not acceptable as referees.

Notes to the Referee _____ :

- Please complete Part B of this form in English and return it directly to the Chow Yei Ching School of Graduate Studies by mail, by email or by fax
 B
 Chow Yei Ching School of Graduate Studies
 City University of Hong Kong
 Tat Chee Avenue
 Kowloon, Hong Kong
 Email: sg@cityu.edu.hk
 Fax No.: (852) 3442-0332

admissions process, before the data are destroyed. _____ after the

Part A To be completed by the Applicant (* please delete as appropriate _____)

Name of the Applicant : *Mr/Ms _____ (Surname first and in BLOCK letters _____)
 Programme Applied For : Joint PhD Programme offered by CityU
 Home University 原属院校: _____
 Research Area : _____

Part B To be completed by the Referee (* please delete as appropriate _____)

Name of the Referee : *Prof/Dr/Mr/Ms _____
 (Surname first and in BLOCK letters _____)

Position : _____

Institution & Address: _____

Email Address : _____

Telephone No .: _____ Fax No .: _____

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Application Number (for office use)

: _____

2. How long and in what capacity have you known the applicant?

2. *(Please tick as appropriate)*

Item 目	Excellent (top 5%)	Very Good (top 15%)	Good (top 25%)	Average	Below Average	Unable to Assess
Academic achievements						
Knowledge in the proposed research area						
Capacity to undertake independent research studies 之						
English proficiency						
Chinese proficiency						
Analytical abilities						
Capacity for original thinking 分						
Motivation to pursue research studies 之						

3. 其 函

4. Please give any other comments that you think will be of assistance in assessing the suitability of the applicant for research studies. 之

5. What is your overall recommendation? *(please tick as appropriate)*

- Highly recommended
- Recommended
- Not recommended

request for access both during and after the admissions process, before the data are destroyed. () 本人
明白上述评价未被销毁前，申请人可以在入学审批期间或之后要求查阅

Signature of the Referee : _____ Date : _____

Thank you for your help