THE UNIVERSITY OF HONG KONG GRADUATE SCHOOL

Application Form for Workshop Registration

Notes:

- **1.** Part I should be completed by the applicant and Part II the supervisor of the applicant. The completed form should be submitted to the Graduate School <u>at least two weeks before the commencement of the workshop</u>.
- 2. Applicants should fill in one form for each workshop they would like to register. The Graduate School will notify applicants of the results by email.
- 3. For enquiries, please contact the Graduate School (phone: 2857 3470 or email: gradsch@hku.hk).

Part I - To be completed by Applicant * Please circle as appropriate.	
Name (in Block Letters): (Dr./Mr./Miss/Ms/Mrs)*	
	(Surname) (Given Names)
University No :	Degree Registration Date: Day Month Year
Programme:	Study Mode: Full-time / Part-time*
Department:	Faculty:
Email:	Contact No.:
Workshop that applicant would like to register:	
Name of workshop:	
Date & Time of the workshop:	
Reasons for attending the workshop:	
Signature:	Date:
••••••	
Part II – To be completed by Supervisor	
I, the undersigned, have no objection to workshop at the time specified above. If this applica accordingly. In the unlikely event of a no-show, p	(name of applicant)'s participating in the above ration is successful, he/she will be able to attend the workshop blease notify me in writing. Thank you.
Signature:	Date:
Name of Supervisor:	Email:
For Grad	luate School Office Use
The applicant is □ successfully registered □	put on the waiting list
Remarks (if any):	
Signature:	Date:
Name:	Inform applicant