**Application for PhD by Innovation (CAI01)**

Notes:

1. This form is for the application by **current CityU PhD students**. Approval of such requests is subject to the availability of student quota and the recommendations of the relevant parties.
2. The completed application form shall be submitted to the CityU Academy of Innovation (CAI) for approval.
3. The student's financial assistance will remain in the same arrangement as the original PhD programme admitted.
4. Coursework and other requirements are to be confirmed by CAI and the academic units in accordance with prevailing requirements for the PhD by Innovation students. Application for a change of course plan is required when necessary.
5. Subject to the approval of relevant AUs, Supervisors, Industrial Advisors, CAI, and SGS, the student will be allowed to transfer back to the original PhD programme and required to fulfil the prevailing requirements for graduation. The student's PhD by Innovation study period will be counted towards the PhD candidature.
6. The application and the related arrangements are subject to the University's prevailing practice and policy.

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| **Section A Student's Particulars**  |

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| Name: |       |  |  |  |  |
| Student No. |       |  | Department/School: |      |  |
| Commencement Date: |       |  | Mode of Study: |  [ ]  FT [ ]  PT |
| Study Period End Date: |       |  |  |  |  |
| Email: |       |  Contact No. |       |  |  |
| Are you a Hong Kong PhD Fellowship recipient? | [ ]  No [ ]  Yes |  |

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| **Section B Details of Application**  |

Please evaluate the feasibility of commercializing your research outcome OR provide your commercialization plan. Please limit your response to 300 words or less.

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Please provide the information of your Industrial Advisor (if any):

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| Name: |       | Email: |       | Contact No: |       |

*\*Please attach the CV of the Industrial Advisor.*

I confirm that my supervision arrangement remains unchanged, i.e., no change to my home department, supervisor, and Qualifying Panel composition.

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Signature of the Student Date

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| **Section C Recommendation of the Supervisor (\*please select as appropriate)** |

I recommend / do not recommend\* acceptance of the student's application for PhD by Innovation.

Remarks:

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| Name |  | Signature |  | Date |

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| **Section D Endorsement of the School Dean/Department Head**  **(\*please select as appropriate)** |

I endorse/do not endorse\* this application for PhD by Innovation.

Remarks:

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Signature of School Dean/Department Head Date

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| **Section E Endorsement of the College Dean (\*please select as appropriate)** |

I endorse/do not endorse\* this application for PhD by Innovation.

Remarks:

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Signature of College Dean Date

***Please submit the completed form to the CityU Academy of Innovation (CAI) for approval.***

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| **Section F Decision of CAI Director (\*please select as appropriate)** |

I approve/do not approve\* this application for PhD by Innovation.

Remarks:

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 Signature of Director (CAI) Date

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| For Office Use:

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| 1. Submit the form to SGS for final confirmation: | 🞎 Yes 🞎 NA Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Follow-up on system record update with SGS: | 🞎 Yes 🞎 NA Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Follow-up on Industrial Advisor arrangement: | 🞎 Yes 🞎 NA Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

Application for PhD by Innovation

30 April 2024