## Recommendation on Admission to the Joint PhD Programme Offered by CityU

Note: After Part D is completed, this form shall be sent with endorsements to the Graduate School of the partner university by <u>09 December 2022</u>.

4.	Application Details (to be completed by the applicant):						
	English Name (Chin	ese Name):(	)	CityU Dept. Applied for:			
	Name of Partner University:						
	Title of Research Project:						
В.	Proposed Membership of the Qualifying Panel (to be completed by the applicant):  A joint panel shall be formed consisting of at least three members, with two supervisors; one from CityU and the other from partner university. The qualifying panel member(s) shall be appointed upon student registration.						
	CityU supervisor	Name:	Academic Title:		e:	School/College/Department:	
	Partner University supervisor	Name:	Academi	ademic Title:		School/College/Department:	
		Phone:	Email:	ail:			
С.	Recommendations	mmendations by Proposed Supervisors:					
	1. We recommend the admission of the above named applicant to the						
	Comments:	Partner University Supervisor omments:				CityU Supervisor	
Signature & Date:							
	2. Proposed research area at CityU (to be completed by CityU Supervisor):  ☐ Acct, Econ and Finance ☐ App Math ☐ Buss and Mgt (Big Data, Knowledge and Innovation, and Healthcare) ☐ Chi, Comparative and Commercial Law ☐ Computer Sci ☐ Electronic Engg ☐ Env Sci, Energy and Built Env ☐ Global China Studies (Business, Language, Law, Society) ☐ Lang, Comm and Creativity Media ☐ Life Sci (Biomedical Sci, Molecular Sci) and Biomedical Engg ☐ Materials Sci and Engg ☐ Mech Engg and Sustainable Mfg ☐ Policy and Adm						
	3. Major Discipline(s) for Joint PhD Programme:  (For a list of major disciplines relevant to specific Joint PhD programme, please visit SGS website: <a href="http://www.sgs.cityu.edu.hk/staff/mainland/AdmissionExercise">http://www.sgs.cityu.edu.hk/staff/mainland/AdmissionExercise</a> )						
Э.	Approval by Partner University:						
	We approve the admission of the above named applicant to the Joint PhD programme.						
	Partner University Name:	y Dean/Head of College/School/Depa	hool/Department			Graduate School	
	Signature/Stamp & Date:						
Ε.	Recommendations by CityU: (Please tick the appropriate boxes below.)						
	☐ I recommend the Joint PhD Prog	I recommend the admission of the above named applicant for the Joint PhD Programme and endorse the research area and major dissipling as a tested in Section C above.			Recommendation by School Dean / CGSC Chair  I recommend the admission of the above named applicant for the Joint PhD Programme and endorse the research area and major discipline as stated in Section C above.		
		discipline as stated in Section C above.  I do not recommend the admission of the above named applicant.		I do not recommend the admission of the above named applicant.			
	Signature:	Date:	Sig	nature	e:	Date:	

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