

香港中文大学(深圳)
THE CHINESE UNIVERSITY OF HONG KONG, SHENZHEN
理工学院
School of Science and Engineering
博士候选资格考试申请表
Application for Intent to Participate in Ph.D. Qualifying Examination

Doctoral students who intend to participate in the Ph.D. Qualifying Examination must submit their applications by May 15 for the written examination in June and by December 1 for the written examination in January. Students must be registered for the semester in which the examination is held.

姓名 (英文) Name: (in English)	姓名 (中文) (in Chinese)	学号 Student I.D. No.:
_____	_____	_____
学院 School:	入学日期: Date of Enrollment: (dd/mm/yy)	联络电话 Contact Tel. No.:
_____	_____	_____

申请考试日期 (请选择) 6月第三个周日 the third Sunday of June
Proposed exam date (Please choose) : 春季学期开学前最后一个周日 the last Sunday before the spring semester begins in January

预备候选期结束日期:
End Date of Maximum Pre-Candidacy Period: (dd/mm/yy) _____

收集个人资料声明

1. 此表格所收集的资料将用以处理有关的申请, 所提供的资料于无需保留时将全部销毁。
2. 本表格所收集的资料或会转交香港中文大学(深圳)其他行政或教学部门作考虑或批核用。
3. 如在递交此表格后要查阅或改正个人资料, 请联络理工学院: (电话: (86)755-84273833 传真: (86)755-84273693 电邮: pg_sse@cuhk.edu.cn)

Personal Information Collection Statement:

1. The personal data provided on this form will be used by the Registry Office for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
2. Information provided on this form may be transferred to other departments/administrative units within The Chinese University of Hong Kong, Shenzhen, for consideration and granting approval, where applicable.
3. For correction of or access to the personal data after submission of this form, please contact the Office of School of Science and Engineering: (Tel. No.: (86)755-84273833, Fax No.: (86)755-84273693, e-mail: pg_sse@cuhk.edu.cn)

Exam Papers/Courses

Two exam papers/courses MOST relevant to your thesis work must be listed. For the Computer and Information Engineering Programme, at least one of the two courses should be chosen from the lecture courses of Group A.

1. _____
2. _____

Oral Examination Panel (including student's main supervisor and two internal professors)

Please nominate two internal professors other than your supervisor(s) as members of your oral examination panel

Chair of the Oral Examination Panel School

Member of the Oral Examination Panel School

Signature of the Applicant: _____

Date: _____

Approval by the Student's Main Supervisor

- I approve the student's application.
- Not Approved

Comments, if any: _____

Signature of the Main Supervisor: _____

Date: _____

Approval by the Programme Director :

- I approve the student's application.
- Not Approved

Comments, if any: _____

Signature of the Programme Director: _____

Date: _____

Approval by the Chair of the Graduate Panel

- I approve the student's application.
- Not Approved

Comments, if any: _____

Signature of the Chair of the Graduate Panel: _____

Date: _____

Approval by the Dean of Graduate School

- I approve the student's application.
- Not Approved

Comments, if any: _____

Signature of the Dean of Graduate School: _____

Date: _____