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 08 December 2023.

A. Application Details (*to be completed by the applicant*)**:**

English Name (Chinese Name): _____(_____) CityU Dept. Applied for: _____

Name of Partner University: _____

Title of Research Project: _____

B. 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:	School/College/Department:
Partner University supervisor	Name:	Academic Title:	School/College/Department:
	Phone:	Email:	

C. Recommendations by Proposed Supervisors:

1. We recommend the admission of the above named applicant to the Joint PhD Programme.

	Partner University Supervisor	**CityU Supervisor**
Comments:		
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: https://beaverton.sharepoint.com/sites/sgs/StaffOnly/Pages/Mainland.aspx)

D. Approval by Partner University:

We approve the admission of the above named applicant to the Joint PhD programme.

Partner University	**Dean/Head of College/School/Department**	**Graduate School**
Name:		
Signature/Stamp & Date:		

E. Recommendations by CityU: (Please tick the appropriate boxes below.)

Recommendation by SGSC Chair / Department Head	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.	☐ 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.
☐ I do not recommend the admission of the above named applicant.	☐ I do not recommend the admission of the above named applicant.
Signature: Date:	Signature: Date:

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