Application for Research Ethics Course Enrollment (GRSC6029, 6030, 6031, 6032, 6033)
Academic Year 2017-18

Important Notes:
1. This form is only applicable for students who would like to register for the Research Ethics course not intended for their home Faculty.
2. Students must seek approval of their supervisor and Chairman of the Departmental Research Postgraduate Committee (DRPC) for the application. The duly completed form should be submitted to the Graduate School no later than 2 weeks after the commencement of the semester.
3. Students of the LKS Faculty of Medicine can only select GRSC6031 for Research Ethics.

Name in BLOCK letters

(Dr/ Mr/ Miss/ Ms/ Mrs *) (Surname) (Given Names)

Programme: MPhil / 3-year PhD / 4-year PhD * Study Mode: Full Time / Part Time *

University Number

Degree Registration Date Day Month Year Probation End Date Day Month Year

Department Faculty

Contact Tel. No. Email

Name of Supervisor Supervisor’s Email

* Please delete as appropriate

Research Area:
Field of studies/ proposed thesis title:

Thesis proposal (150 words or less):

I would like to enroll in (please ‘✓’ in the box):

☐ GRSC6029 Research Ethics for Graduate Students (Faculties of Business and Economics, Education, Law and Social Sciences)

☐ GRSC6030 Research Ethics for Graduate Students (Faculties of Arts and Architecture)

☐ GRSC6031 Research Ethics for Graduate Students (Li Ka Shing Faculty of Medicine and Faculty of Dentistry)

☐ GRSC6032 Research Ethics for Graduate Students (Faculty of Engineering)

☐ GRSC6033 Research Ethics for Graduate Students (Faculty of Science)

Reason (150 words or less):

Approval by Supervisor(s):

Approval by Chairman, DRPC

Student’s Signature Date:

Supervisor’s Signature Date:

DRPC Chairman’s Signature Date:

(For Official Use)
Approved for course registration: GRSC6029 / GRSC6030 / GRSC6031 / GRSC6032 / GRSC6033

Approved by: ___________________________ Signature: ___________________________ Date: ___/___/______