**Application Form for Workshop Registration**

**Notes:**
1. Part I should be completed by the applicant and Part II the supervisor of the applicant. The completed form should be submitted to the Graduate School at least two weeks before the commencement of the workshop.
2. Applicants should fill in one form for each workshop they would like to register. The Graduate School will notify applicants of the results by email.
3. For enquires, please contact the Graduate School (phone: 2857 3470 or email: gradsch@hku.hk).

---

**Part I - To be completed by Applicant *Please circle as appropriate.*

<table>
<thead>
<tr>
<th>Name (in Block Letters): (Dr./Mr./Miss/Ms/Mrs)*</th>
<th>(Surname)</th>
<th>(Given Names)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshop that applicant would like to register:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of workshop: 

Date & Time of the workshop: 

Reasons for attending the workshop: 

Signature: __________________________ Date: ____________

---

**Part II – To be completed by Supervisor**

I, the undersigned, have no objection to _________________________ (name of applicant)’s participating in the above workshop at the time specified above. If this application is successful, he/she will be able to attend the workshop accordingly. In the unlikely event of a no-show, please notify me in writing. Thank you.

Signature: __________________________ Date: ____________

Name of Supervisor: ______________________ Email: ______________________

---

**For Graduate School Office Use**

| The applicant is | ☐ successfully registered | ☐ put on the waiting list |

Remarks (if any):

Signature: __________________________ Date: ____________

Name: __________________________ Inform applicant on: ______________________

Graduate School
August 2015