



Doctor of Philosophy (PhD)
Master of Philosophy (MPhil)

Application for Admission

PERSONAL DETAILS

TITLE

FULL NAME IN ENGLISH

SURNAME

FIRST/OTHER NAME

NAME IN CHINESE GENDER M=Male F=Female
(if any)

HKID NUMBER () DATE OF BIRTH

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

OR PASSPORT NUMBER/OTHER ID NUMBER NATIONALITY

ADDRESS FOR ALL

CORRESPONDENCE

HONG KONG / KOWLOON / NEW TERRITORIES (Delete as appropriate)

AREA

Is your correspondence address in Hong Kong? Yes No

HOME TEL NO. OFFICE TEL NO. Ext

MOBILE FAX NO.

MARITAL STATUS* OCCUPATION* EDUCATION*

E-MAIL ADDRESS

DISABILITIES OR SPCEIAL EDUCATIONAL NEEDS*

(please specify if you entered item 6, 7, 9 or 99) _____

RESEARCH STUDIES

SCHOOL	
AREAS OF RESEARCH INTEREST (please write research area in full)	
LANGUAGE IN WHICH THESIS IS TO BE PRESENTED (please √ the appropriate box)	<input type="checkbox"/> English <input type="checkbox"/> Chinese

**APPLICATION FOR
POSTGRADUATE STUDENTSHIP**
For full-time students only

PROGRAMME OF STUDY

FULL-TIME OR PART-TIME

 PhD MPhil Full-time Part-time Yes No**POST-SECONDARY AND UNIVERSITY EDUCATION**

List in chronological order. Copies of proof of qualifications and official transcripts must be attached.

From Month/Year	To Month/Year	Name of Institution	Qualification(s) Obtained	Honours Classification	Date of Award

HKMU Student Number: _____ (for HKMU students only)

Have you previously been enrolled in a research degree at another university?

 Yes No

If yes, please give details : _____

OTHER ACADEMIC/PROFESSIONAL QUALIFICATIONS Copies of proof of qualification must be attached.

Academic/Professional Qualification	Name of Educational, Training or Professional Institution	Date of Award

LANGUAGE PROFICIENCY Copies of proof of qualification must be attached.

Title of Examination (e.g. TOEFL, IELTS)	Examination Board/Authority (e.g. ETS)	Date of Award	Grade/Score

RELEVANT WORK EXPERIENCE List in chronological order. Please attach your resume/CV (maximum of 5 pages).

From Month/Year	To Month/Year	Full-time/ Part-time	Name of Organization	Position and Responsibilities

OTHER INFORMATION RELEVANT TO THIS APPLICATION

Please enter any additional information (with dates) such as published writings, original research, other relevant activities and pursuits, and scholarships or prizes gained, etc. which may be of assistance to the University in considering your application. You may append additional sheets if necessary.

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REFERENCES

Enter below the names and addresses of two persons who have consented to act as your referees. One of them must be an academic referee while the other can either be an academic or employment referee. Please give a Reference Form to each of them and ask them to return the forms directly to the Research Postgraduate Team of Registry, HKMU, by the application deadline.

Name	Position	Relationship
Address		Contact Tel No.

Name	Position	Relationship
Address		Contact Tel No.

NAME OF HKMU ACADEMIC STAFF CONTACTED

An applicant is expected to have discussed the proposed field of study with the academic staff in the relevant school before submitting a formal application.

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USE OF PERSONAL DATA BY THE UNIVERSITY

The University intends to use your personal data (i.e. your name, student number, contact details, and other relevant information) for promotion of our education and training programmes, activities and services, including but not limited to awards, scholarships, bursaries, grants, loans, banking/insurance/credit cards, discounts, benefits, privileges, fundraising, celebration events, talks, conferences, seminars and publications, but we will not use your data unless we have received your consent. The University will not, under any circumstances, transfer your personal data to a third party for direct marketing purposes.

Please indicate below whether you agree to the use of your personal data by the University

- I AGREE that the University may use my personal data for the purpose of promotion of the University's education and training programmes, activities and services as indicated above.
- I DO NOT AGREE that the University may use my personal data for the purpose of promotion of the University's education and training programmes, activities and services as indicated above.

If you later decide to change your selection on 'Use of Personal Data', you may update your selection at MyHKMU (Personal Information). Alternatively, you may inform us by email at dpo2@hkmu.edu.hk with your full name, student number (if applicable) and contact information (e.g. phone, email, address). No fee will be charged for making such arrangements. For any enquiries, please contact the University Data Protection Officer, by email at dpo2@hkmu.edu.hk.

Full Name : _____

Student No./HKID No. (first 4 digits)/PRC Resident ID No. (first 4 digits)/Passport No. (first 4 digits) : _____

Signature : _____

Date : _____

DECLARATION

1. I declare that all information given in this application form and in the attached documents is, to the best of my knowledge, accurate and complete. I also understand that any misrepresentation will result in disqualification of my application for admission and subsequent enrolment in the University. All fees paid are not refundable or transferable to another term or for another use.
2. I understand that if I do not have the right of abode or right to land in Hong Kong but am accepted to study the research degree programme on part-time basis, the University will not act as my sponsor (Entry for study). I should obtain from the HKSAR Government permission to study at the HKMU or a student visa before I can be formally registered and that I shall be fully responsible for obtaining such a visa or permission.
3. I have noted the contents of the 'Personal Data (Privacy) Statement as detailed in the *Guidebook for Research Postgraduate Programmes*.
4. I understand that information for applicants will be destroyed after the admission exercise when no longer required.
5. If accepted for admission, I undertake not to register at this or another institution on any degree without the permission of the University.
6. I consent that if registered, I will conform to the Statutes and Regulations of the University.

Applicant's Signature _____

Date _____

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