Application for a Conference Grant (SGS13S)
[for attending the 9th PhD Workshop 2015 cum
10th Anniversary of USTC-CityU PhD Students Collaboration Scheme (Suzhou)]

Please read Guidelines for Application of Financial Support before completing the form. This form should be completed and submitted to the Chow Yei Ching School of Graduate Studies by 13 March 2015.

Section A  To be completed by the applicant (Please tick as appropriate)

1. Applicant's Particulars

Name:________________________________________ Department/School: ______________________________

Commencement Date of Study: _______________ Student No.: _________________________________________

Contact Phone No.: _______________ Programme: PhD Study Mode: ☐ FT ☐ PT

2. Conference Details

Title of Conference: 9th PhD Workshop 2014 cum 10th Anniversary of USTC-CityU PhD Students Collaboration Scheme (Suzhou)

Date of Conference: From 6 to 7 June 2015

Title of the Paper: ________________________________________________________________

Budget Estimate:

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Amount (in HK$)</th>
<th>For Office Use Approved Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of one return air ticket by the most economical means available (Applicants are required to provide quotations on the cost of one return air passage from at least two different airlines/companies.)</td>
<td>Name of Airline/Company Estimated Cost</td>
<td>ii.</td>
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<td>i.</td>
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3. **Other Financial Support Received / Currently Applied For**

- □ I have not applied for or received any other financial support to attend the Workshop concerned.
- □ I have applied / am applying for* other financial support to attend the Workshop concerned. Details are as below:
  - Organization: ________________________________________________________________________
  - Amount: __________________
- □ I have received other financial support to attend the Workshop concerned. Details are as below:
  - Organization: ________________________________________________________________________
  - Amount: __________________
  - Other Details / Conditions: ________________________________________________________________________

Signature of Applicant: ___________________________________________ Date: ________________________

**Section B  To be completed by the supervisor**

I recommend / do not recommend* that the student attend the aforesaid Workshop.

Please state reasons for supporting / not supporting the student’s application: ________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Supervisor: ___________________________________________ Date: ________________________

Name of Supervisor: ________________________________________________

**Section C  To be completed by the Department Head/School Dean**

I endorse / do not endorse* this application.

Comments: ______________________________________________________________________________

__________________________________________________________________________________________

Signature of Department Head/School Dean: ___________________________ Date: ________________________

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*Please delete as appropriate*