**College of Science**

**Outstanding Knowledge Transfer Award 2023-24**

**Nomination Form**

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| **Notes for Completion:**   1. Please read the Guidelines for the CSCI Outstanding Knowledge Transfer Award before submission. 2. The completed Nomination Form should be sent to the College of Science (email: [csci.office@cityu.edu.hk](mailto:csci.office@cityu.edu.hk)) on or before **23 February 2024 (Friday)**. |

1. **Particulars of Nominee(s)** *(tick the appropriate box)*

□ Individual Award (complete particulars of individual)

□ Team Award (complete particulars of team leader and details of team members below)

*[Team award is applicable for self-nomination only]*

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Post: |  |
| Email: |  |
| Date Joined: |  |

*Team members (if applicable)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Member 1 | Member 2 | Member 3 | Member 4 |
| Department: |  |  |  |  |
| Post: |  |  |  |  |
| Email: |  |  |  |  |

1. **Supporting Statement** *(Approximately 200 words):*

*(Please justify why the individual/team should be considered)*

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|  |

1. **Signed by Nominee (for Individual and Team)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *(tick the appropriate box, \* delete as appropriate)*  □ I would like to nominate \* myself / my team (with consent from team members) for the CSCI Outstanding Knowledge Transfer Award.  □ I confirm my acceptance of the nomination for the CSCI Outstanding Knowledge Transfer Award.   |  |  |  |  | | --- | --- | --- | --- | | Signature: |  | Date: |  | |

1. **Signed by Nominator:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| With my nomination for the above candidate(s), I agree that I would refrain from any award selection process for the CSCI Outstanding Knowledge Transfer Award.   |  |  |  |  | | --- | --- | --- | --- | | Signature: |  | Date: |  | | Name: |  | Dept: |  | | Post: |  |  |  | |

Last updated: Jan 2024