Financial Support to Research Students under Mainland Collaboration Schemes for Seeking Professional Thesis Editing Service

Application Form

(Please return by <u>30 June 2011</u>)

To: Ms Adelaide I Fax: 3442-0332 Email: <u>nyalau@cit</u>					
Name:		Student I	No.:	Department/School:	
Commencement Date:		Contact	Contact Tel. No.:		
Affiliation: □ Tsinghua U – CityU Collaboration Scheme □ Zhengzhou U – CityU Collaboration Scheme □ Zhongshan U – CityU Collaboration Scheme □ Zhongshan U – CityU Collaboration Scheme □ Zhongshan U – CityU Collaboration Scheme □ Peking U – CityU Collaboration Scheme □ Peking U – CityU Collaboration Scheme					
Programme:	☑ PhD	Mode of	Study:	☑ Part-time	
Amount claimed: HK\$ (<i>The maximum claimable amount is HK\$3,000</i>)					
• Original re	voice for the thesis ed ceipt for the thesis edi	ting service; a		ng your name and account number.	
2. Student should complete the attached "Supplementary Information for Contract for Service" as stipulated by the Finance Office of the University.					
3. Incomplete application will <u>NOT</u> be considered.					
Recommended by			<i>icable to UST</i> dorsed by	TC – CityU Collaboration Scheme only)	
Supervisor/Qualifying Panel Chairperson		n Pro	oject Team Le	eader	
Name:		Gre	een Chop:		
Date:		Da	te:		



Supplementary Information for Contract for Service

ent: PR No. Not Applicable
ne

Please complete the following information and return with PR for approval. Your request will not be processed if the required information are not provided.

A. 9	General Information			
1.	Name of Service Provider :		I.D. / Passport No. :	
	Address :			
	Fax No. :		Email :	
2.	Detailed Scope of Service/Work and deliverables:			
	(Please use separate sheet if required)			
3.	Commencement / completion date :		nding availability: Yes. No (Please obtain approval om RO if the said service is not included in the project.)	
4.	Total Amount (HK\$)			
5.	Standard Terms of Payment :	 Yes (The standard terms of payment is lump sum payment to be released 30 days after satisfactory completion of service/work confirmed by the requester) No (Please specify proposed terms of payment with reasons) I confirm that I will absorb the pre-paid amount if the contractor fails to complete/provide the services/work. 		
6.	Justifications for selecting the service provider (Please submit CV of the service provider)			

B. To be confirmed by the Requester

On recommending the contractor for the service, I confirm/declare:				
1. the service/work is on a job / assignment / ad hoc basis.				
2. the service/work is not assigned to the service provider in a detailed way on a daily basis.				
3. the service/work will not be carried out in CityU's premises and CityU will not provide the materials and tools for the work.				
4. no fixed specified hours or time of service/work are prescribed.				
5. no fringe benefits will be provided to the service provider.				
6. the service provider is not the full-time/part-time employee of the University.				
7. the service provider is not the close relative or immediate family members of the requester.				
8. the ownership of intellectual property developed under the contract belongs to the University.				
9. that I have no conflict of interest in relation to the service provider and this request.				
Requested by:	HoD / P I(Signature) Date:			
	Please refer to the covering summary			

sheet for the approval of SGS.