

香港中文大学（深圳）
THE CHINESE UNIVERSITY OF HONG KONG, SHENZHEN
理工学院
School of Science and Engineering
资格考试笔试申请表
Application for Intent to Participate in Ph.D. Candidacy
Examination-Written Examination

姓名（英文） Name: (in English):	（中文） (in Chinese):	学号 Student I.D.No.:
项目 Programme: <u>ENE</u>	修业年 Year of Attendance: (dd/mm/yy) _____	联络电话 Contact Tel.No.: _____
预备期结束日期 End Date of Maximum Pre-Candidacy Period: (dd/mm/yy): _____		

Written Examination

申请笔试日期（请选择）
Proposed written exam date:

- 3月 March
 8月 August

Part A:

Two exam papers/courses MOST relevant to your thesis work must be chosen.

1. Course Code: _____ Course Name: _____
2. Course Code: _____ Course Name: _____

Part B: This part is only for the student who meets the exemption requirements. Please leave it blanked if do not meet the exemption requirements.

Course Exemption (if student applies for course exemption, s/he must attach the transcript contains all the courses s/he has taken)

1. Course Code: _____ Course Name: _____
2. Course Code: _____ Course Name: _____

I fully understand I need to pass the Candidacy Examination (both written and oral examinations) before the end of my Pre-Candidacy period (dd/mm/yy): _____

我已知悉需在本人预备期结束之前通过博士资格考试笔试及口试。

重要信息及声明

1. 博士生资格考试参加次数不得超过**两次**。
2. 博士生资格考试笔试部分结束后，口试必须在规定的修业期限内完成。
3. 参加口试的同学必须在口试举行前**30天**提交口试申请表及开题报告电子版至邮箱 pg_sse@cuhk.edu.cn，否则将视为退出本次口试。

Important Information and Declaration

1. The Ph.D. Candidacy Examination can be taken no more than **twice**.
2. The oral examination should be taken within pre-candidacy after the completion of the written examination.
3. Student must submit the application form for the Oral Examination with a thesis proposal to pg_sse@cuhk.edu.cn **30 days** before the oral examination. If otherwise, the student will be automatically withdrawn from the oral examination.

Signature of Applicant: _____

Date: _____

Approval by Student's Main Supervisor:

I approve the student's application. Not Approved

Comments, if any: _____

Signature of main supervisor: _____

Date: _____

Approval by the Chair of the Graduate Panel:

I approve the student's application. Not Approved

Comments, if any: _____

Signature of the Chair of the Graduate Panel: _____

Date: _____

收集个人资料声明

1. 此表格所收集的资料将用以处理有关的申请，所提供的资料于无需保留时将全部销毁。
2. 本表格所收集的资料或会转交香港中文大学（深圳）其他行政或教学部门作考虑或批核用。
3. 如在递交此表格后要查阅或改正个人资料，请联络理工学院：（电话：(86)755-23519999 电邮：pg_sse@cuhk.edu.cn）

Personal Information Collection Statement:

1. The personal data provided on this form will be used by the Graduate School for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
2. Information provided in this form may be transferred to other administrative/teaching units within CUHK(SZ) for consideration and granting approval, where applicable.
3. For correction of or access to the personal data after submission of this form, please contact SSE Office: (Tel. No.: (86)755-23519999, e-mail address: pg_sse@cuhk.edu.cn).