

		A	pplic	ation	Num	ber (for of	fice ı	ise)
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Application for Admission to the Joint PhD Programme Offered by XJTU and CityU

西安交通大学一香港城市大学联合培养博士生申请表

Notes: (1) This application form is for students applying for admission to the above collaboration scheme. 此表格适用于学生申请上述联合培养项目。

- (2) Please complete this application form clearly and accurately in BLOCK letters using a black ballpoint pen. 请用黑色签字笔以英文大写字母清晰准确填写。
- (3) After completion of your application form, please pass this form to your XJTU supervisor for approval arrangement. 请向西交大导师提交填写好的表格及申请材料
- (4) Application Deadline: 16 March 2015. 截止申请日期: 2015 年 3 月 16 日。

	Personal Particulars 个人信息 English Name 英文名:
	Surname 姓:
	Given Name 名:
	Chinese Name 中文名: Gender 性别: 'M' – Male 男 'F' – Female 女
	Day 日 / Month 月 / Year 年
	Date of Birth Home Province China ID No
	出生日期: 中国身份证号码:
R	Contact Information 联络资料
ъ.	Correspondence
	Address 通讯地址:
	City 城市:
	Province and Postal Code 省份及邮编: C H I N A
	Country Code 国家代码 Area Code 区号 Telephone No 电话号码.
	Contact Phone No 联系电话: 8 6 - -
	Email Address 电邮地址:
C.	roposed Research Study and Other Application Details 计划申请之研究项目及其他详情
	Please tick (√) the appropriate box)(清在合适的选项打(√))
	Research Area 研究范畴:
	Department that you apply for
	申请的院系名称:*
	十月10ml 水石40ml ————————————————————————————————————
	Your PhD supervisor at XJTU 西交大博士生导师:
	Have you applied for a CityU MPhil/PhD programme before 是否曾申请过城大的硕士/博士? No 否 Yes 是
	f yes, in which Department/School 如果是,请提供院系名称:
	<u> </u>
	Name of CityU academic staff member contacted, if any 曾联系过的城大学术人员姓名(如有):

Department of Chinese & History, Department of Media & Communication, Department of Linguistics & Translation, Department of Public Policy, Department of Physics & Materials Science, Department of Biology & Chemistry, Department of Biomedical Sciences, Department of Computer Science, Department of Architecture & Civil Engineering, Department of Mathematics, Department of Mechanical & Biomedical Engineering and Department of Systems Engineering & Engineering Management

For details about the Departments, please visit http://www.cityu.edu.hk/sgs. 如需了解各学系的详细资料,请浏览 http://www.cityu.edu.hk/sgs. 如需了解各学系的详细资料,请浏览 http://www.cityu.edu.hk/sgs.

^{*} Please choose from the following departments:

D. <u>Undergraduate/Postgraduate Academic Qualifications 本科/硕士学历</u>

Part I. Qualifications Obtained (in reverse chronological order) 学经(从最近期开始顺序填写)

	n/Year /年	Title of Award (Please specify field of study)	Classification of Award/GPA		Academic Institution 学术机构	Month/Year of Award	Language of Teaching of the
From 由	To 至	授予学位名称 (请详细说明 专业)	授予学位级别/平均分	Country 国家	Name 名称	授予学位日 期(月/年)	Institution 教学语言

Part II. Current Studies (Please complete this section if you are currently enrolled in a programme.)

在读课程(如果目前正就读某个课程,请填写此项。)

Start Date	Title of December 1	Acade	emic Institution 院校名称	Year of study (1st study year,	Expected Month/Year	Language of Teaching
Start Date 开始日期	ε		Name 名称	2 nd study year) 年级 (一年级, 二年级)	of Award 预计授予日 期(月/年)	of the Institution 教学语言

E. <u>Professional Qualifications Obtained</u> (in reverse chronological order) <u>已获颁的专业资格</u> (从最近期开始顺序填写)

Troressionar Quamications Ostanica (in i	CVCISC CHIOHOLOGICAL OLICE)	1/0/11 - 1/2 J /
	Professional Qualification	
Name of Awarding Institution (Country)	(Please state types of membership/means of attainment	Year of Award
授予机构名称(国家)	e.g. by examination, by election, etc)	授予年份
	专业资格名称(请说明获得的方式,比如通过考试、选拔)	

F. Working Experience (in reverse chronological order) 工作经验 (从最近期开始顺序填写)

	n/Year /年	Full-time/ Part-time	Name of Organization	Post	Duties
From	To	全职/兼职	机构名称	职位	工作职责
由	至				

G. Results of English Language Tests Taken

(e.g. TOEFL, IELTS, Chinese mainland's College English Test) 英语考试成绩 (如托福,雅思,中国大陆大学英语等级考试)

Name of Test 考试名称	Score 分数	Date of Test 考试日期		
Name of Test 考 风石柳	Scole 分致	Month 月	Year 年	

H. List of Publications 文章发表情况

- 1. Please list your publication record clearly with the details specified and write down the number of publications in the space provided. If you need to use separate sheets to provide the details, please follow the same format as given below. 请详细列出文章发表的资料及数量。如需附加纸张,亦请符合以下格式。
- 2. Applicants are requested to indicate whether their journal article(s) are listed under the SCI Science Citation Index. If so, applicants should also indicate (a) the category the journal falls under (e.g. materials engineering) and (b) the ranking of the journal in the said category (e.g. 2 out of 15)

申请人需说明他们的期刊论文是否被 SCI 收录。如果是,申请人还需说明期刊的种类(例如: 材料工程)及期刊在该 拳中的排名(例如: 15 种期刊的第三名)。

<i> </i>	U: 13 种期刊的第一名 $I: I$				
Name of Author(s) 作者姓名	Title of Publication 发表的论文标题	Name of Journal/Publisher/ Conference 期刊/出版社/会议名 称	Published/ Accepted for Publication 已出版/已接 受	Month/Year (to be) Published 出版或将要 出版的日期 (月/年)	*SCI/SSCI Listed (Yes/No/N/A) 是否列入 SCI/SSCI(是/ 否/不适用)
Book Chanters 书籍	籍章节 (Total no. 总数:)			
230H CHMPICIS 14A	HT IV (A COMM AND A C				
Journal Articles 期	刊论文 (Total no.总数:	<u>)</u>			
Conference Papers	会议论文(Total no 总数.:	<u>)</u>			
Others 其他 (Total	<u>no.总数: </u>		T		

I. Academic Referees 学术推荐人

Please give names and contact addresses of <u>two</u> persons who have consented to act as your academic referees. Please note that the proposed supervisor and persons from non-academic circles are normally <u>not</u> acceptable as referees. 请填写两位同意作为学术推荐人的资料。请注意,申请的导师和非学术人员通常不可以作为推荐人。

Name 姓名	Position 职位	Name and Address of Institution 学院名称及地址
1.		
2		
2.		

J. <u>Declaration 声</u>明

- 1. I declare that the information given in support of this application is, to the best of my knowledge, accurate and complete. I understand that the information will be used in the admission decision process and that any misrepresentation will disqualify my application. 本人声明,表格中所提供的资料在我的理解范围内是准确无误和完整的。这些资料将在录用决定过程中使用,任何虚报将导致本人失去申请资格。
- 2. I authorize the City University of Hong Kong to use the data in this application form as a basis for consideration of admission and for various types of processing in relation to my application, including checking on multiple applications and on records of my academic/professional qualifications with the parties concerned. 本人授权予香港城市大学使用表格中的资料作为取录考虑的参考及与申请有关的各项事宜,包括调查有否递交多于一份申请及与有关方面查核学术和专业资历。
- 3. I understand that, upon my registration, the data will become part of my student record and may be used for all relevant purposes in accordance with the administrative procedures of the University. 注册后,本人明白这些资料将成为学生记录的一部分,可用于依照大学行政管理程序操作的所有相关用途。
- 4. I agree to substantiate my qualifications claimed in this application form by producing original certificates and transcripts when required. 本人同意在需要的情况下提供学历和成绩单原件用以证实申请表格中声明的资历。

Signature 签名:	Date 日期:

Important Notes 重要提示

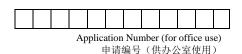
Documents to be submitted together with the application form 需与申请表一并提交的文件:

A photocopy of the following documents 以下文件的复印件:

- (a) Official certificates and transcripts of academic qualifications (Certificates and transcripts that are not in English should be accompanied by a formal certified translation in English) 学历证和成绩单(如学历证和成绩单不是英文版的,需要同时提供正式及经过核证的英文版);
- (b) <u>Certificates of professional qualifications</u>, if applicable <u>专业资格证书</u>(如有);
- (c) (In support of your publication record, if applicable) The front page of the papers (for papers that have been published) or the letter of acceptance (for papers that have been accepted for publication) 已发表的论文的<u>首页</u>或即将发表的论文的<u>接受函</u> (用于证明论文发表记录,如有);
- (d) <u>Results of the Chinese mainland's College English Test or of other English language tests (e.g. TOEFL, IELTS)</u> 中国大陆大学英语等级考试成绩或其他英语考试成绩(如托福,雅思等).
- (e) <u>Joint Research Statement</u> 联合培养博士研究生同意书

Referee's Report 推荐人报告

Please send the referee's report form to two academic referees for completion. Completed forms should be returned by the referees to the Chow Yei Ching School of Graduate Studies of City University of Hong Kong directly under confidential cover. 请将推荐人报告表格发给两位推荐人填写。填好的表格需由推荐人直接交到香港城市大学周亦卿研究生院,并在封面注明"保密"字样。





CONFIDENTIAL 保密

Chow Yei Ching School of Graduate Studies

Referee's Report Form

周亦卿研究生院推荐人报告表格

(To be mailed or faxed by the referee <u>directly</u> to the address noted in the box below.) (由推荐人通过邮递或传真直接发到以下方框中的地址。)

Notes to the Applicant 申请人注意事项:

- The applicant should complete Part A below, and send this form to a referee for completion of Part B. 申请人须填写下面的 A 部分,然后将此表发给推荐人填写 B 部分。
- Please note that an applicant's proposed supervisor and individuals from non-academic circles are normally not acceptable as referees. 请注意,申请人的申请导师和非学术人员通常不可以作为推荐人。

Notes to the Referee 推荐人注意事项:

• Please complete Part B of this form in English and return it directly to the Chow Yei Ching School of Graduate Studies by mail, by email or by fax 请用英语填写 B 部分,并通过邮递、电邮或传真直接发送至周亦卿研究生院,地址如下:

Chow Yei Ching School of Graduate Studies

City University of Hong Kong

Tat Chee Avenue Kowloon, Hong Kong Email: sg@cityu.edu.hk Fax No.: (852) 3442-0332

In accordance with the Personal Data (Privacy) Ordinance, applicants can request access to their referee's reports during and after the admissions process, before the data are destroyed. 根据个人资料(隐私)条例,推荐人报告未被销毁前,申请人可以在入学审批过程期间或结束后要求查阅此报告。

Part A	To be completed by the Applicant 申请人填写	(* please delete as appropriate 请将不适用者删去)
		(Surname first and in BLOCK letters 姓在前并用大写拼音字母) ogramme offered by CityU and XJTU 西交大-香港城大联合培养项目
•	• •	
Part B	To be completed by the Referee 推荐人填写	(* please delete as appropriate 请将不适用者删去)
	(Surr	Mr/Ms name first and in BLOCK letters 姓在前并用大写拼音字母)
Institt Addre	ution &:	
	l Address 电邮地址: hone No 电话号码.:	 Fax No 传真号码.:

Part B	To be completed by the Referee (Cont'd)
	推荐人填写(续)

1.

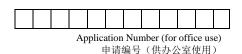
Application Number (for office use)										

A	申请编号(供办公室使用)
Applicant's Name 申请人姓名:	
How long and in what capacity have you known the applicant? 与申请人认识多久以及对申请	人了解程度?

2. Please give an assessment of the applicant's suitability for pursuing research studies. (*Please tick as appropriate*) 申请人从事 学术研究的适合性评估。(请打勾)

Item 项目	Excellent (top 5%) 优秀	Very Good (top 15%) 非常好	Good (top 25%) 好	Average 一般	Below Average 较差	Unable to Assess 差
Academic achievements 学业成绩						
Knowledge in the proposed research area 申请研究领域的知识						
Capacity to undertake independent research studies 独立研究学习的能力						
English proficiency 英语水平						
Chinese proficiency 中文水平						
Analytical abilities 分析能力						
Capacity for original thinking 独创思考能力						
Motivation to pursue research studies 从事研究学习的积极性						

	Analytical abilities 分析能力						
	Capacity for original thinking 独创思考能力						
	Motivation to pursue research studies 从事研究学习的积极性						
3.	Please comment on the applicant's research a 人的研究能力和潜在能力以及其研究计划		ential, and his/h	er research pr	roposal, if ap	plicable 请译	平价申请
4.	Please give any other comments that you thin studies.请给出对申请人适合从事科研学习			sing the suital	bility of the a	applicant for	research
5.	What is your overall recommendation? (pleas Highly recommended 强烈推荐 Recommended 推荐 Not recommended 不推荐	se tick as appro	priate)总结推着	荐?(请打勾	7)		
reques	rstand that in accordance with the Personal Date for access both during and after the admission 上述评价未被销毁前,申请人可以在入学审	ons process, bef	ore the data are				
Signat	ure of the Referee 推荐人签名:		Date 日期	阴:			





CONFIDENTIAL 保密

Chow Yei Ching School of Graduate Studies

Referee's Report Form

周亦卿研究生院推荐人报告表格

(To be mailed or faxed by the referee <u>directly</u> to the address noted in the box below.) (由推荐人通过邮递或传真直接发到以下方框中的地址。)

Notes to the Applicant 申请人注意事项:

- The applicant should complete Part A below, and send this form to a referee for completion of Part B. 申请人须填写下面的 A 部分,然后将此表发给推荐人填写 B 部分。
- Please note that an applicant's proposed supervisor and individuals from non-academic circles are normally not acceptable as referees. 请注意,申请人的申请导师和非学术人员通常不可以作为推荐人。

Notes to the Referee 推荐人注意事项:

• Please complete Part B of this form in English and return it directly to the Chow Yei Ching School of Graduate Studies by mail, by email or by fax 请用英语填写 B 部分,并通过邮递、电邮或传真直接发送至周亦卿研究生院,地址如下:

Chow Yei Ching School of Graduate Studies

City University of Hong Kong

Tat Chee Avenue Kowloon, Hong Kong Email: sg@cityu.edu.hk Fax No.: (852) 3442-0332

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Part A	To be completed by the Applicant 申请人填写	(* please delete as appropriate 请将不适用者删去)
Name of	the Applicant 申请人姓名: *Mr/Ms _	(Surname first and in BLOCK letters 姓在前并用大写拼音字母)
Programm	me Applied For 申请项目: <u>Joint PhD</u>	Programme offered by CityU and XJTU 西交大-香港城大联合培养项目
Research	Area 研究范畴:	
Part B	To be completed by the Referee 推荐人填写	(* please delete as appropriate 请将不适用者删去)
	(St	Dr/Mr/Ms Irname first and in BLOCK letters 姓在前并用大写拼音字母)
Positi	on 职位:	
Addre	ess	
Email	Address 电邮地址:	
Telen	hone No 由话号码·	Fax No 传直号码·

Part B	To be completed by the Referee (Cont'd)
	推荐人填写(续)

Application Number (for office use)										
由违绝具(供力从完估用)										

Applicant's Name 申请人姓名:	申请编号(供办公室使用) -
 How long and in what capacity have you known the applicant? 与申请人认识多久以及对申请力	人了解程度?

2. Please give an assessment of the applicant's suitability for pursuing research studies. (Please tick as appropriate) 申请人从事 学术研究的适合性评估。(请打勾)

Item 项目	Excellent (top 5%) 优秀	Very Good (top 15%) 非常好	Good (top 25%) 好	Average 一般	Below Average 较差	Unable to Assess 差
Academic achievements 学业成绩						
Knowledge in the proposed research area 申请研究领域的知识						
Capacity to undertake independent research studies 独立研究学习的能力						
English proficiency 英语水平						
Chinese proficiency 中文水平						
Analytical abilities 分析能力						
Capacity for original thinking 独创思考能力						
Motivation to pursue research studies 从事研究学习的积极性						

requ	What is your overall recommendation? (plead	Data (Privacy) ions process, l	Ordinance, the a	bove comment	s are subject		
5.	□ Highly recommended 强烈推荐 □ Recommended 推荐	ase tick as app	ropriate)总结推	荐? <i>(请打</i> 么	7)		
1.	Please give any other comments that you the studies.请给出对申请人适合从事科研学习			essing the suita	bility of the	applicant for	research
3.	Please comment on the applicant's research 人的研究能力和潜在能力以及其研究计划			her research pi	roposal, if ap	pplicable 请访	平价申请
	Motivation to pursue research studies 从事研究学习的积极性						
	Capacity for original thinking 独创思考能力						
	分析能力						
	Analytical abilities						

Recommendation on Admission to the Joint PhD Programme Offered by XJTU and CityU

Notes: (1) The XJTU Project Team Leader is invited to send the application with endorsements of XJTU to CityU Project Team Leader <u>by 16</u> March 2015.

(2) The CityU Project Team Leader is invited to coordinate approval of CityU College/School/Department and forward the endorsed application to CityU SGS by 30 April 2015.

Application Detail	ds:			
English Name (C	Thinese Name):	()	CityU Dept.	Applied for:
Title of Research	Project:			
	rship of the Qualifying Panel: formed consisting of at least three members lent registration.	ers, with two supervisors; one	from CityU and the	other from XJTU. The qualifying member(s) shall
CityU supervisor	Name:	Post:		Sch./Dept.:
XJTU supervisor	Name:	Post:		Sch./Dept.:
	Phone:	Email:		
Recommendation	of Proposed XJTU/CityU Super	rvisors (* please delete a	s appropriate):	
1. We *recommen	nd/do not recommend the admission	on of the above named ap	plicant to the cap	tioned programme.
	XJTU Supervi	isor		CityU Supervisor
Comments:				
Signature & Date:				
 We *recomment Proposed project (To be complete 	of Project Team and College/Sond/do not recommend the admission team: Let team: Let by Head of Department of City	on of the above named ap (U) Proposed research are	plicant to the capt	tioned programme.
E-Bus, Inter Lang, Comr	th Bioengg, Molecular and L rnet Mktg and Fin Serv Belectr n and Creativity Materials Sc pining the Joint PhD Programme (onic Engg	energy and Built E d Adm Sustai	Env Knowledge and Innovation Mgt
XJTU	Project Team Leader			ge/School/Department
Comments:				•
Signature & Date:				
CityU	Project Team Leader	Head of Department	(if applicable)	Dean of College/School
Comments:	*	,		
Signature & Date:				