

In-House Staff Development Training Scheme (IHSD) Course Selection Form

(For Applicant Who Applied in Fall Term of the Same Admission Year)

- 1. Applicants should read the Notes for Applicants before submitting an application.
- 2. Please fill in Part I of this form and submit the hardcopy to your Head of Department for completing Part II.
- 3. Please submit this form and supporting materials by the stipulated deadline via internal mail to:
 - FYTGS for TPG courses (Attn: Ms Cindy To (cindyto@ust.hk)
 - URAO for UG courses (Attn: Ms Sharon Law (<u>sharonlaw@ust.hk</u>)

Admission Term & Year: Spring, 20									
Part I To be C	ompleted by the Applicant								
Name (same as in identity documents)	Surname Given Name	Staff ID							
Post		Email	@ust.hk						
Department		Telephone (Ext.)							
Updates abou	ut my personal particulars/ qualificati	ions/ experiences s	ince last term, if any:						
Enter a maximum of 3 courses in the order of priority. <i>Offers will be made for a maximum of 2 courses.</i> For course list and choices, please refer to the Note for Applicants.									
No.	Course Code	Course Title							
1									
2									
3									
Please read t	he statements below and confirm yo	ur agreement by cl	necking the corresponding boxes.						
the last admission will disqu l authoriz	 I declare that the information given in support of my IHSD application, including those presented in the last Term, is accurate and complete. I understand that this information will be used in the admission decision process and that any misrepresentation or forged items found in this application will disqualify my application for admission and enrollment at HKUST. I authorize HKUST to obtain any and all information about my candidature for my studies in institutions in Hong Kong and elsewhere, if needed. 								
I authoriz									
 I understand that, upon my registration in a course, this data will become a part of my student record. That student record may be used for academic and administrative purposes consistent with the mission of the University. 									
fytgs.hku	□ I understand that I can send a request to the Manager through the enquiry form at <u>https://</u> <u>fytgs.hkust.edu.hk/enquiry</u> to access and correct personal data held by the University during the admission process.								
-	and that this application cannot be co	onsidered if I disagr	ee with any of the statements above.						
Signature		Date							

Part II To be Completed by the Head of Department

Turth To be completed by the field of bepartin					
 I support this application under the University's In-house Staff Development Training Scheme, and agree to release this staff member to attend classes on a part-time basis upon his/her admittance to the course(s). I do not support this application under the University's In-house Staff Development Training Scheme. 					
Recommendations/ Comments:					
Signature	Date				
0					
Name	Post/ Department				
i i i i i i i i i i i i i i i i i i i					

,

Part III To be Completed by UG/PG Coordinator									
	Please note the admission decision below. The indication of "Yes" under "Extra Quota" would mean that								
the p	the program will allocate an extra course quota in addition to those for full-time regular students.								
No.	Course Code	Course Title	Admission	Extra Quota	Remarks, if any				
			Approval						
1			Yes	🖵 Yes					
			🛛 No	🖵 No					
2			Yes	🖵 Yes					
			🖬 No	🛛 No					
3			Yes	🖵 Yes					
			🖬 No	🛛 No					
Signature			Date						
Name			Post/ Department						