

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

**Application Form**  
(Please return by **30 June 2011**)

To: Ms Adelaide Lau (SGS)  
Fax: 3442-0332  
Email: [nyalau@cityu.edu.hk](mailto:nyalau@cityu.edu.hk)

Name: \_\_\_\_\_ Student No.: \_\_\_\_\_ Department/School: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

Affiliation:

- |   |  |
|---|--|
| <input type="checkbox"/> Tsinghua U – CityU Collaboration Scheme  | <input type="checkbox"/> USTC – CityU Collaboration Scheme     |
| <input type="checkbox"/> Zhengzhou U – CityU Collaboration Scheme | <input type="checkbox"/> Wuhan U – CityU Collaboration Scheme  |
| <input type="checkbox"/> Zhongshan U – CityU Collaboration Scheme | <input type="checkbox"/> Peking U – CityU Collaboration Scheme |

Please mark  as appropriate

Programme:            PhD                                      Mode of Study:                    Part-time

Amount claimed: HK\$ \_\_\_\_\_ (*The maximum claimable amount is HK\$3,000*)

Points to note:

1. Documents to attach:
  - Original invoice for the thesis editing service;
  - Original receipt for the thesis editing service; and
  - A photocopy of the front page of your bank passbook showing 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 NOT be considered.

*(Applicable to USTC – CityU Collaboration Scheme only)*

Recommended by

Endorsed by

\_\_\_\_\_  
Supervisor/Qualifying Panel Chairperson

\_\_\_\_\_  
Project Team Leader

Name: \_\_\_\_\_

Green Chop:

Date: \_\_\_\_\_

Date: \_\_\_\_\_



## Supplementary Information for Contract for Service

Requested by: \_\_\_\_\_ Tel. No. \_\_\_\_\_ Department: \_\_\_\_\_ PR No. Not Applicable

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. 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 :	From	to	Funding availability: <input type="checkbox"/> Yes. <input type="checkbox"/> No (Please obtain approval from RO if the said service is not included in the project.)
4.	Total Amount (HK\$)			
5.	Standard Terms of Payment :	<input type="checkbox"/> Yes ( <b>The standard terms of payment is lump sum payment to be released 30 days after satisfactory completion of service/work confirmed by the requester</b> )		
		<input type="checkbox"/> No (Please specify proposed terms of payment with reasons)		
		<input type="checkbox"/> 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:		
<input type="checkbox"/>	1. the service/work is on a job / assignment / ad hoc basis.	
<input type="checkbox"/>	2. the service/work is not assigned to the service provider in a detailed way on a daily basis.	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	4. no fixed specified hours or time of service/work are prescribed.	
<input type="checkbox"/>	5. no fringe benefits will be provided to the service provider.	
<input type="checkbox"/>	6. the service provider is not the full-time/part-time employee of the University.	
<input type="checkbox"/>	7. the service provider is not the close relative or immediate family members of the requester.	
<input type="checkbox"/>	8. the ownership of intellectual property developed under the contract belongs to the University.	
<input type="checkbox"/>	9. that I have no conflict of interest in relation to the service provider and this request.	
Requested by: _____	<del>HoD / P I (Signature)</del>	Date: _____

Please refer to the covering summary

sheet for the approval of SGS.

FO PUR (last update Jan 2008)