**COURSE REGISTRATION FORM**

**Croucher Summer Course 2013**

Collaborating Centre for Oxford University and CUHK Disaster and Medical Humanitarian Response   
Phone: +852 2252 8850 Fax: +852 2647 6547   
Email: ccouc@cuhk.edu.hk Website: ccouc.org

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| 1. **PERSONAL INFORMATION** | |
| **Surname:** | **First Name:** |
| **Middle/Other name:** | **Suffix:** |
| **Nationality:** | **Gender:** |
| **Date of Birth:** | **Affiliated Academic Institute:** |
| **Tel:** | **Fax:** |
| **Email:** | |
| **Mailing Address:** | |

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| 1. **EDUCATION** | | | |
| **Full Title of Degree** | **Degree** | **Name of Education Institute** | **Year of Completion** |
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| 1. **RESEARCH INTEREST(S)** |
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| 1. **Please briefly explain your rationale for applying to Croucher Summer Course 2013. Include specific objectives and expected benefits.** |
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| 1. **Any information to supplement your application (Optional)** |
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**F. SOURCE(S) OF INFORMATION**

How do you know about our program ? (please check all available)

CCOUC Website  Croucher Foundation Website  Newspaper

Family & Friends  Affliated School  Email

Others (Please specifiy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**G. FINANCIAL SUPPORT**

Course fee is HKD$4,000. Tuition, course materials, accommodation and local transportation will be included. Limited scholarships will be awarded to selected candidates. Would you like to apply for the scholarship?

Yes  No

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_