

APPLICATION FORM

EXCHANGE OF SCHOLARS 2020

Under NRCT-CASS Cooperation



1. NAME IN FULL:			
..... (Family)	..... (First)	..... (Middle)	<input type="checkbox"/> Male <input type="checkbox"/> Female

2. DATE OF BIRTH AND NATIONALITY:			
..... (Day)	..... (Month)	..... (Year)	..... (Nationality)

3. RESIDENCE:	
Address (Zip Code) (Country)	
Telephone	.....(0)..... (Country) (Area)
Facsimile	.....(0)..... (Country) (Area)
Mobile Phone	.....

4. AFFILIATION:		
..... (Position)	..... (Department or Faculty)	..... (Institution)
Address (Zip Code) (Country)		

Telephone	.....(0)
	(Country) (Area)
Facsimile	.....(0)
	(Country) (Area)
E-mail	.....

5. ACADEMIC QUALIFICATION:		
Degree (s)	University	Year taken

6. TOPIC OF VISIT:	
.....
(Title of research study)	(Field of research interest)

7. DURATION OF VISIT:			
Proposed date of arrival	..... (Day)	..... (Month)	..... (Year)
Proposed date of departure	..... (Day)	..... (Month)	..... (Year)
Total	..... Days		

8. INSTITUTION (S) WHICH THE APPLICANT WISHES TO VISIT:			
Institution (s)	Name (s) and Contact Numbers of Scholars Expected to Meet (if any)	Topic (s) of Discussion (s)	Period of Stay
1. <u>CASS</u>			
2. <u>Other Institution (s)</u>			

9. LANGUAGE COMPETENCY:			
Language	Speaking	Writing	Reading

	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English									
Chinese									

10. WORK PLAN IN CHINA:
.....
.....
.....

I certify the above information to be accurate and correct.

Date :

Signature :