

The Chinese University of Hong Kong

**PhD International Mobility for Partnerships and Collaborations Award (PhD IMPAC Award)**

**Request for Changing Visit Period**

**(CUHK PhD Student)**

Award holders who wish to change their visit period should complete and submit the request form to the Office of Academic Links ([mobilityscheme@cuhk.edu.hk](mailto:mobilityscheme@cuhk.edu.hk)) for endorsement. Failure to submit the request in a timely manner may result in a delay in the disbursement of the grant.

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| **I. Details of the Request** | | | |
| Name: | CUID: | | Department: |
| Host Institution: | Original Visit Period (DD/MM/YY): | | New Visit Period (DD/MM/YY): |
| Duration of Visit:  ❑ The duration of my visit remains the same  ❑ The duration of my visit is shortened (from \_\_ months/weeks to \_\_ months/weeks)  ❑ The duration of my visit is extended (from \_\_ months/weeks to \_\_ months/weeks) | | | |
| Reason for Change:  My host supervisor/collaborator has acknowledged my change: ❑ Yes (*please attach the relevant correspondence*) | | | |
| I hereby request to change my visit period at the host institution under the PhD International Mobility for Partnerships and Collaborations Award. I understand that if the duration of my visit is changed, the award amount might be adjusted.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **II. Endorsement by CUHK Thesis Supervisor:** | | | |
| Name: | | Department: | |
| I hereby endorse my student’s request for changing the visit period at the host institution under the PhD International Mobility for Partnerships and Collaborations Award.  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **Official Use Only** | | | |
| Request received by: | Request received on: | | Change in Award Amount: |
| The request is endorsed / not endorsed.  By: Date: | | Remarks: | |