**CUHK-Chulalongkorn University Research Fund**

**Endorsement Form for Chula Applicant**

For Chula applicants, please attach your application and seek endorsement from your Deans/Directors/Heads of Faculties/ Schools/Colleges/Institutes to confirm renewal of your contract (if applicable). The completed endorsement form should be uploaded with your online application.

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| **1. Details of Chula’s Lead Applicant** |
| Title (Mr./Ms./Dr./Prof.) & Name (Family Name/Given Name): | Position: | Department/Unit/Faculty: |
| Are you tenured?🞏 Yes 🞏 No [Please indicate the end date of the current contract (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]Note: In the event that there is less than a year of employment in your current contract after the completion of the proposed project, your application should be supported by the Dean/Director/Head of Faculty/School/College/Institute (or an appropriate higher authority) with specification of intention of contract renewal. Please complete Section 3. |
| **2. Title of Research Project**  |
|  |
| **3. Endorsement** |
| 1. **Recommendation by Dean/Director/Head of Faculty/School/College/Institute**
2. I support the application.

❑ Yes / ❑ NoPlease provide reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. I confirm the intention to renew the contract of the applicant so that he/she will be employed by the University within a year after the completion of the project. (Please complete if the applicant has less than a year of employment after the completion of the proposed project at the University in his/her current contract.)

❑ Yes / ❑ No / ❑ N/AName in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |