**UoM-CUHK Joint Research Seed Fund**

**Endorsement Form for CUHK Applicant**

For CUHK applicants, please attach your application and seek endorsement from your heads of departments/units and/or faculty deans/directors of 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 CUHK’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 Department/Unit Head (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 Department Chairman/Unit Head**   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/A  Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: Please skip this section and complete Section 3B only if the CUHK applicant is a Department Chairman/Unit Head. | | |
| 1. **Recommendation by Faculty Dean/Supervising Officer**   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/A  Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |