THE UNIVERSITY OF HONG KONG

DEPARTMENT OF STATISTICS AND ACTUARIAL SCIENCE

**STAT8089 Capstone Project**

**Registration Form**

Please note that STAT8089 is available to MStat students only.

Please submit/scan the hard-copy of the completed form with supervisor’s signature to Ms. Clara Lian at Room 303, 3/F, Run Run Shaw Building or by email to mstat@saas.hku.hk on or before the registration deadline.

1. **PERSONAL PARTICULARS**

Each group should contain 3-4 students in the same study mode (i.e. only full-time students or part-time students).

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| 1. | Name (English): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Chinese): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_ Mode\*: FT/PT | 3. | Name (English): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Chinese): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_Mobile No.: ­­­\_\_\_\_\_\_\_\_\_\_\_ Mode\*: FT/PT |
| 2. | Name (English): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Chinese): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_ Mode\*: FT/PT | 4. | Name (English): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Chinese): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University No.: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_Mobile No.: ­­­\_\_\_\_\_\_\_\_\_\_\_ Mode\*: FT/PT |

*(\** *Please delete as appropriate)*

1. **PROJECT INFORMATION**

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| --- | --- |
| Supervisor: |  |

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| Proposed Project Title: |  |  |
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1. **DECLARATION**

 I fully understand the course requirements. *(Application will be rejected if the box is not checked)*

1. **SUPERVISOR APPROVAL**

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| Supervisor Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
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| **FOR OFFICIAL USE** |

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| \*Approved / Rejected:  |  | Date: |  |

 *Course Coordinator*

**Official Use:**

*(\** *Please delete as appropriate)*

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|  | Taken or is taking STAT8017/STAT8002 *(Application will be rejected if the box is checked)* |
| Remarks: |  |
|  |  |