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](mailto: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).

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

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

|  |  |  |
| --- | --- | --- |
| Proposed Project Title: |  |  |
|  |  |  |

1. **DECLARATION**

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

1. **SUPERVISOR APPROVAL**

|  |  |  |
| --- | --- | --- |
| Supervisor Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
|  |

|  |
| --- |
| **FOR OFFICIAL USE** |

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

*Course Coordinator*

**Official Use:**

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

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