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@hku.hk on or before the registration deadline.

1. **PERSONAL PARTICULARS**

Each group should contain 3-4 students, and are free to choose their own group members (full-time or part-time mode)

|  |  |  |  |
| --- | --- | --- | --- |
| 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 STAT8088 *(Application will be rejected if the box is checked)* |
| Remarks: |  |
|  |  |