THE UNIVERSITY OF HONG KONG

DEPARTMENT OF STATISTICS AND ACTUARIAL SCIENCE &

DEPARTMENT OF COMPUTER SCIENCE

**DASC7600 Data Science Project**

**Registration Form**

Please submit

1) the scanned copy of the completed form with supervisor’s signature to [mdasc@hku.hk](mailto:mdasc@hku.hk), by the registration deadline.

1. **PROJECT INFORMATION**

Supervisor: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. of Supervisor: \*SAAS / CS

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

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| Proposed Project Title: |  |  |
| Project Description: |  |  |
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*(Please attach additional sheets if necessary)*

1. **PERSONAL PARTICULARS**

***Student No. 1*** would be the Primary Contact Person for DASC7600. Each group should contain 3-4 members.

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| 1. | Name (English): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Chinese): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\*FT/PT)  University No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. | Name (English): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Chinese): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\*FT/PT)  University No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Name (English): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Chinese): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\*FT/PT)  University No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. | Name (English): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Chinese): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\*FT/PT)  University No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No.: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

I/We fully understand the course requirements and enrolment procedures, and that violations could result in direct failure of the course. *(Application will be rejected if the box is not checked)*

I/We understand that the work produced could be displayed on platforms such as Moodle for teaching and learning purposes. *(Application will be rejected if the box is not checked)*

1. **SUPERVISOR APPROVAL**

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

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

*Course Coordinator*

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

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| Remarks: |  |