

GRADUATE SCHOOL Research Postgraduate Programmes Application Form for Non-local International Research Learning Experience (NIRLE)

I. Student Particulars								
Name	:	Student No.:		Phone No.:				
Depar	tment:	Study Commencement Dat	e:	Study Mode: _FT/PT #				
Study Programme: MPhil / PhD (4-year) #Please delete as appropriate.								
II. Application								
	I would like to apply for overseas attachment in a non-local university/research organisation. Details of the attachment are as follows: 1. Name of institution/research organisation and person-in-charge to be attached to: (Invitation/proof of acceptance from the institution/research organisation should be submitted together with this application form.) Institution Type: Research organization Industrial Other:							
2.	Nature of the attachment & programme of activities/*research plan: (Please use separate sheets for details.) Acquisition of new skills, technology or knowledge not available locally. The new skills, technology or knowledge to be learned is:							
	 Participation in a research project Project Name: Other purposes (please specify in detail) 							
3.	Effective date and dura	ition of this attachment:						
	Start date:	End date:		(no. of calendar days:)				
	Previously approved overseas attachment details:							
	1 st attachment from	to		(no. of calendar days:)				
	2 nd attachment from _	to		(no. of calendar days:)				
	3 rd attachment from (Add another lin	to ne if necessary)		(no. of calendar days:)				
	Total no. of days granted for <u>previous</u> attachment(s):							
4.	Overseas attachment a			ar PhD programme only)				

Note: *Please "✓ " the appropriate box(es).

III. Self-declaration							
I declare that* this overseas attachment will NOT take place within the last 6 months of my normal study period. the total/aggregate attachment period will NOT exceed 6 months or 183 calendar days (for 4-year PhD students). Please provide justifications below or in a separate letter if any of the above are not followed.							
Student	Name	Signature	Date				
Principal Supervisor	Name	Signature	Date				
Department Head	Name	Signature	Date				
Faculty/School Dean	Name	Signature	Date				

Note: *Please "✓" the appropriate box(es).