



Centre for Learning Enhancement And Research

The Chinese University of Hong Kong
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Declaration of the Completion of the Compulsory Intellectual Property course* in Previous Degree

* "Observing Intellectual Property and Copyright Law during Research" of Improving Postgraduate Learning

Please complete Part I and return this form to CLEAR

Part I (to be completed by applicant)

Personal Information

Name (in English): _____
Contact no.: _____ Email: _____
Address: _____
(pref. within CUHK) _____

Current Status

Student ID: _____ Degree pursuing: _____
Programme: _____ Admission date: _____

Previous Degree Information

Student ID: _____ Degree obtained: _____
Programme: _____ Graduation year: _____

Year in which the "Observing Intellectual Property and Copyright Law during Research" was taken:

- | | | | | |
|--------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Before 2011 | <input type="checkbox"/> 11-12 | <input type="checkbox"/> 12-13 | <input type="checkbox"/> 13-14 | <input type="checkbox"/> 14-15 |
| <input type="checkbox"/> 15-16 | <input type="checkbox"/> 16-17 | <input type="checkbox"/> 17-18 | <input type="checkbox"/> 18-19 | <input type="checkbox"/> 19-20 |

Applicant's Signature: _____ Date: _____

Part II (To be completed by CLEAR)

Attended year:

<input type="checkbox"/> Before 2011	<input type="checkbox"/> 11-12	<input type="checkbox"/> 12-13	<input type="checkbox"/> 13-14	<input type="checkbox"/> 14-15
<input type="checkbox"/> 15-16	<input type="checkbox"/> 16-17	<input type="checkbox"/> 17-18	<input type="checkbox"/> 18-19	<input type="checkbox"/> 19-20

Attended session:

<input type="checkbox"/> Group 1	<input type="checkbox"/> Group 2	<input type="checkbox"/> Group 3	<input type="checkbox"/> Group 4
<input type="checkbox"/> Group 5	<input type="checkbox"/> Group 6	<input type="checkbox"/> Group 7	<input type="checkbox"/> Group 8

Checked by: _____ Date: _____ Stamped: