

The Chinese University of Hong Kong

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| **CUHK Research Summit Series**  **Request for Amendment** |

This form is to be used where an amendment to a Research Summit Series grant is requested. Please complete this form and return it to the Office of Academic Links ([oal\_schemes@cuhk.edu.hk](mailto:oal_schemes@cuhk.edu.hk)).

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| **Title (Mr./Ms./Dr./Prof.) & Name of awardee** |  | |
| **Department/Unit/Faculty** |  | |
| **Contact details** | Email: | Phone: |
| **Project code** |  | |
| **Year awarded** |  | |
| **Fund received** |  | |
| **Workshop name** |  | |
| **Request**  **[Please tick the appropriate box(es) and provide details.]** | □ Revise workshop period   * Original workshop dates: * New workshop dates (If the exact dates have not been confirmed, please indicate the tentative month and year): | |
|  | □ Revise workshop name   * New workshop name: | |
|  | □ Revise budget ***\*Please submit this form together with a revised budget.***   * Please specify details: | |
|  | □ Others (Please specify): | |
| **Reason for amendment** |  | |
| **Signature of awardee** | I hereby confirm all of the above information is true.  Date: | |
| **For use by the Office of Academic Links** | | |
| **□ Approved □ Not Approved**  Signature:  Name:  Date: | | |