

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).

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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: |