

UNIVERSITI SAINS MALAYSIA
DOCTOR OF PHILOSOPHY (Registration No.: 272722)

EXPRESSION OF INTEREST

Should you like to apply for the captioned programme, please complete this form and return it to stephanieleung@hkma.org.hk for our follow-up action. Thank you.

1. PERSONAL PARTICULARS

Name: Mr/Ms _____
(Last Name)
(First Name)
(Chinese Name)

Contact Number: _____ E-mail Address: _____

2. ACADEMIC QUALIFICATIONS

Please provide details of your highest academic qualification:

Name of Institution and Country	Qualification Gained	Period of Study (MM/YY – MM/YY)	Year of Graduation	Score / CGPA

3. ENGLISH PROFICIENCY

3.1 Did you complete a Bachelor's or Master's degree where the language of instruction was English?

Yes No (Please go to 3.2)

3.2 Did you complete any of the following language tests?

Name of Test		Date of Test (MM/YY)	Test Score
<input type="checkbox"/>	International English Language Testing System (IELTS)		
<input type="checkbox"/>	Test of English as a Foreign Language (TOEFL)		
<input type="checkbox"/>	Others, please specify: _____		
<input type="checkbox"/>	None of the above	---	---

4. WORK DETAILS

Please provide your current job details:

Period of Employment	Name of Organization/ Employer	Job Title
From: _____ (MM/YY) To: _____ (MM/YY)		

5. YOUR PROPOSED RESEARCH AREA/ TOPIC
