**Strategic Partnership Award for Research Collaboration**

**Endorsement Form**

Please attach your application and seek endorsement from your heads of departments/units and faculty deans/directors of institutes to confirm renewal of your contract (if applicable) and that on-going collaboration in the proposed research project stated in your application will be supported. The completed endorsement form should be submitted in pdf format via email to the Office of Academic Links (c/o Ms. Olivia Kwok–Strategic Partnership Award for Research Collaboration; [oal\_schemes@cuhk.edu.hk](mailto:oal_schemes@cuhk.edu.hk)).

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| **1. Details of CUHK’s PI** | | |
| Title (Mr./Ms./Dr./Prof.) & Name (Family Name/Given Name):  Chinese Name: | Position: | Department/Unit/Faculty: |
| Are you tenured?  ❑ Yes ❑ No [Please indicate the end date of the current contract (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]  Note: In the event that there is less than a year of employment in your current contract after the completion of the project, your application should be supported by the Department/Unit Head (or an appropriate higher authority) with specification of intention of contract renewal. Please complete Section 3. | | |
| **2. Title of Research Project** | | |
|  | | |
| **3.** **Endorsement** (Please complete A and B below.) | | |
| 1. **Recommendation by Department Chairman/Unit Head** 2. I support the application.   ❑ Yes / ❑ No  Please provide reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. I confirm the intention to renew the contract of the applicant so that he/she will be employed by the University within a year after completion of the project. (Please complete if the applicant has less than a year of employment at the University in his/her current contract.)   ❑ Yes / ❑ No / ❑ N/A  Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: Please skip this section and complete section B only if the applicant is a Department Chairman/Unit Head. | | |
| 1. **Recommendation by Faculty Dean/Supervising Officer** 2. I support the application.   ❑ Yes / ❑ No  Please provide reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. I confirm the intention to renew the contract of the applicant so that he/she will be employed by the University within a year after the completion of the project. (Please complete if the applicant has less than a year of employment at the University in his/her current contract.)   ❑ Yes / ❑ No / ❑ N/A  Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |