**PolyU PhD Scholars
International Collaborative Research Fellowship
Disbursement Form**

Please complete and return this form together with the required documents to the Graduate School within 3 months after visit completion by email to [gs.attachment@polyu.edu.hk](file:///%5C%5CNSF-DEPT4.its.polyu.edu.hk%5CGS%5CStudent%20Development%5CStudent%20Activities%5CAttachment%20or%20Exchange%20Programme%5CResearch%20Student%20Attachment%20Programme%5C2022-23%20%281st%20Round%29%5CDraft%20guidelines%5CForms%20for%20Outgoing%20Students%5Cgs.attachment%40polyu.edu.hk).

Incomplete application form or with missing supporting documents and signature will NOT be processed.

If you are concurrently awarded the **Research Student Attachment Programme (RSAP) - Outgoing** for the same visit, you are only required to submit the RSAP Reimbursement Form.

**Required supporting documents:**

[ ]  Completion report *(see template in Annex I)*

[ ]  Confirmation of visit period certified by the host supervisor *(see template in Annex II)*

[ ]  Copy of flight receipts, boarding passes, train tickets, if any

**PART A. PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Student ID |  |
| Host Institution |  |  |  |
| Actual Visit Commencement Date\* |  | Actual Visit Completion Date\* |  |

*\*The dates specified must be consistent with the confirmation of visit period certified by the host supervisor.*

**PART B. REQUEST FOR RELEASE OF FINANCIAL SUPPORT**

|  |  |
| --- | --- |
| I request to release financial support for: | [ ]  the ICRF grant |
| Remarks, e.g., *leave period for* ***conference attendance during the attachment***: |

**PART C. DECLARATION**

[ ]  I declare that the information given in this report is accurate and complete, and understand that any misrepresentation will lead to my being required to refund the financial support in full to the University.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  | Signature |  | Date |

**PART D. ENDORSEMENT BY POLYU CHIEF SUPERVISOR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  | Signature |  | Date |

Updated in Nov 2024

Annex I

**PolyU PhD Scholars**

**International Collaborative Research Fellowship**

**Completion Report**

Please complete and return this report to the Graduate School within 3 months after visit completion along with the disbursement form by email to gs.attachment@polyu.edu.hk.

If you are concurrently awarded the **Research Student Attachment Programme (RSAP) - Outgoing** for the same visit, you are only required to submit the RSAP Completion Report.

**Required supporting documents:**

[ ]  At least two meaningful photos taken during the research visit (self-portrait with host university or department logo, photo of your cultural exploration)

**PART A. REFLECTION (~500 words)**

1. Name of the Host University
2. What major research progress have you achieved during the research visit?
3. In what ways has the ICRF benefited your research? Consider aspects such as research collaboration, learning environment, personal growth, and inspiration.
4. What is the most valuable experience during the research visit?

**PART B. STUDENT FEEDBACK** (1=Strongly disagree, 5=Strongly agree)

1. How useful do you think this learning experience was for you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. How likely would you recommend ICRF to other students?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. How did you learn about ICRF?

|  |  |  |
| --- | --- | --- |
| [ ]  Graduate School email | [ ]  Graduate School website | [ ]  Social media |
| [ ]  Referral from supervisor | [ ]  Referral from fellow students | [ ]  Others: |  |

**PART C. PROMOTIONAL CONSENT**

[ ]  I agree that the Graduate School may use the content of the report and the photos for the purpose of promoting RSAP in various promotional materials.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  | Signature |  | Date |

**PART D. POLYU SUPERVISOR FEEDBACK** (1=Strongly disagree, 5=Strongly agree)

1. Comments / Suggestions:
2. Was the outcome of the research visit satisfactory?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  | Signature |  | Date |

Annex II

**PolyU PhD Scholars**

**International Collaborative Research Fellowship**

**Confirmation of Visit Period**

This form is to be completed by Host Supervisor.

Please complete and return this form to the Graduate School along with Disbursement Form by email to gs.attachment@polyu.edu.hk.

|  |
| --- |
| I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ commenced the research visit  |
|  Name of visiting student |
| on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and completed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
|  Date Date |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of host supervisor |  | Signature |  | Date |