**UROP Faculty Support Grant Reporting Form**

**Submission Deadline for Spring 2019: August 30th, 2019**

Please submit the completed form by email to urop@ust.hk or by internal mail to the UROP Office

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| **Important Notes and Instructions*** The reporting form is divided into two sections. Part I should be **completed and signed by a student** **representative** enrolled in the project. Part II should be **completed by the project supervisor.**
* If more than one students has enrolled in the project, the project supervisor should select a student representative to complete the form. **Please submit one form for each project**.
* Failing to submit the Reporting Form by the above deadline may result in not being eligible for the next application.
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**Part I: Project Information and Learning Outcomes *(To be completed by a student representative of the project)***

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| **Beneficiary’s Information** |
| **Full Name of the Student:**  | **Student ID:** | **Email Address:** |
| **Full Name of the Supervisor:**  | **Department:** | **Email Address:** |
| **Full Name of the Co-supervisor(s) (if any):**  | **Department:** | **Email Address:** |
| **Project Information** |
| **Project Title:** |
| **Report on Learning Outcomes** |
| (i) What was your role(s) and responsibilities in the project: |
| (ii) What did you learn from the project: |
| **Sign by the Student** |
| **Signature of the Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part II: Grant Usage *(To be completed by the Supervisor)***

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| **Report on Grant Usage** |
| (i) How did the usage of the Grant benefit students’ undergraduate research experiences during the project: |
| **Expenses Summary** |
|  | **Item** | **Amount (HK$)** |
|  | **Total Amount Funded** |  |
|  | **Expenses (please list the items below):** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| **Total Expenses:**  |  |
| **Remaining Fund (Total Amount Funded – Total Expenses):**  |  |
| **Sign by the Project Supervisor** |
| **Signature of the Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |