

**Department of Psychology**  
**Research Project in Cognitive Science (PSYC4068)**  
**Working Title Confirmation Form**  
**2023 – 2024 Academic Year**

Please complete this form and return to the Department by email to [ugpsyc@hku.hk](mailto:ugpsyc@hku.hk) on or before **4:00pm, Sep 14, 2023 (Semester 1)** or **4:00pm, Jan 29, 2024 (Semester 2)**.

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Name of Student: \_\_\_\_\_

University No.: \_\_\_\_\_ Degree: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_

HKU Email: \_\_\_\_\_

Project Working Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Department of Supervisor: \_\_\_\_\_

Is the research study required to collect data?  Yes /  No (Tick as appropriate)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**For office use**

\_\_\_\_\_  
Approved by  
Program Coordinator of Cognitive Science Major

\_\_\_\_\_  
Date