

**Application Form for**

**UM Macao Distinguished Visiting Scholar**

**NOTES FOR APPLICANTS**

1. Please send this application form together with your updated biography.

**Personal Data Collection Statement**

1. All personal data given in this form will be treated in strict confidential and in accordance with the Macau Law no. 8/2005 (Personal Data Protection Act).
2. The personal data collected through this application form will be used only for the captioned application and related purposes. It may be provided to any internal/external reviewer where applicable.
3. According to the “Personal Data Protection Act”, the applicants are entitled to access their personal data and rectify errors if needed.
4. **personal particulars**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Name in Chinese (if any) |  | | |
| Gender | Male  Female | | |
| Date of Birth | Click here to enter a date. | | |
| Nationality |  | | |
| Country/Territory of Domicile |  | | |
| E-mail Address |  | | |
| Mobile Phone Number |  | | |
| Spoken/written Languages |  | | |

1. **present Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution |  | Country |  |
| Department |  | | |
| Affiliated Since | Click here to enter a date. | | |
| Position | Associate Professor  Professor  Distinguished Professor  Chair Professor  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Ranking of the Institution | Top 200 universities of recognized world university rankings  Project 985/211 universities in Mainland China  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

1. **research achievements**
2. **Academic Publications**

|  |  |  |
| --- | --- | --- |
| Number of Publications | Web of Science: | Scopus: |
| Number of Citations | Web of Science: | Scopus: |
| *List out maximum 20 major publications. Include name of authors (all), title of the publication, title of the book/book chapter/journal/conference/etc., volume-issue-page number(s), date of publication.* | | |

1. **Awards (this table is expendable)**

|  |
| --- |
|  |

1. **Professional Services (this table is expendable)**

|  |
| --- |
|  |

1. **UM Hosting faculty member**

I have contacted the UM host member below.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Academic Unit | Faculty of Arts and Humanities  Faculty of Business Administration  Faculty of Education  Faculty of Health Sciences  Faculty of Law  Faculty of Social Sciences  Faculty of Science and Technology  Institute of Applied Physics and Materials Engineering  Institute of Chinese Medical Sciences/  State Key Laboratory of Quality Research in Chinese Medicine  State Key Laboratory of Analog and Mixed-Signal VLSI | | |

1. **Research plan in macaO**

|  |  |  |
| --- | --- | --- |
| Date of Proposed Visit | From: Click here to enter a date. | To: Click here to enter a date. |
| Research Plan |  | | |
| Present Research Related to the Research Plan |  | | |
| Expected Outcome & Impacts  (e.g. joint research publications/ projects with UM faculty members) |  | | |

1. **declaration**

I declare that the information given in this form and my curriculum vitae is correct and complete to the best of my knowledge. I understand that if I willfully give false information or withhold any material information, University of Macau has every right to rescind any verbal/written offer and I shall be liable to disciplinary actions, if applicable.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_