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# Undergraduate Student-initiated Experiential Learning (USEL)

# ASMPT Technology Award 2024

# Application Form

## Notes to Applicants:

1. The USEL-ASMPT Technology Award is exclusively for undergraduate students. Before filling in the form, applicants should read the details listed in the website of [USEL - ASMPT Technology Award 2024](https://seng.ust.hk/academics/undergraduate/blended-experiential-learning/usel-asm-pacific-technology-award).
2. A project description **in no more than 2 pages** should be submitted along with the completed application form. The project description should cover the following elements:
	1. Purpose of the project and the new idea employed
	2. Explanation of the working principles and product demonstration/modelling
	3. Benefits to society and environment
	4. Conclusion
3. After completing the application form, please submit your application, together with the project description, to DENG Office (Room 6542, 6/F, lifts #27/28) or via usel@ust.hk **on or before 3 April 2024 (Wed)**.

**Section I. About the Project**

|  |  |
| --- | --- |
| 1. Project title: |  |
| 2. Project start date: | (mm /yy) |
| 3. Project end date or theexpected end date: | (mm /yy) |
| 4. Received financial supportfrom SENG? | Yes / No |
| 5. Name of project advisor: |  |

**Section II. Project Team Undergraduate Members Particulars** *(must be as same as the approved USEL program) (Please add additional pages if necessary)*

###  The UG applicant will be the coordinator of the team who will receive the notifications and correspondence related to the award competition from SENG

|  |  |
| --- | --- |
|  Name of UG Applicant:Student ID*:* Program of Study:Year of Study: Contact Phone Number: Email: |  |

|  |
| --- |
| **Other UG team members**  |
| **1. Name of UG student:****Program of study: Email:** |  | **Student ID: Year:** **Phone:** |  |
| **2. Name of UG student:****Program of study: Email:** |  | **Student ID: Year: Phone:** |  |
| **3. Name of UG student:****Program of study: Email:** |  | **Student ID: Year: Phone:** |  |
| **4. Name of UG student:****Program of study: Email:** |  | **Student ID: Year: Phone:** |  |
| **5. Name of UG student:****Program of study: Email:** |  | **Student ID: Year: Phone:** |  |

**Declaration (To be completed by the applicant)** *(Please tick the boxes below)*

* I have obtained full consent from **all UG project team members** for entering the USEL- ASMPT Technology Award competition.
* I, on behalf of the team, grant permission to enter the above mentioned project in the USEL-ASMPT Technology Award competition and authorize promotion and publication according to the aims and conditions of the Awards.
* On behalf of the team, I give permission to the School of Engineering to use my/our photos/video recordings taken at the USEL-ASMPT Technology Award and related activities for publications, educational and promotional purposes. The School has sole and entire ownership and copyright of these materials.
* I, on behalf of the team, declare this project had not received other awards within or outside the university at the time of application.
* The project team and I will comply with the rules and conditions set by the USEL Award organizer who reserves the right to make final decision in the event of dispute.

UG Applicant’s Signature:

Name of UG Applicant:

Date: