

UROP: RESEARCH EXPERIENCE REGISTRATION FORM

To be printed off and completed

Advice on completing the form can be found at <http://www.imperial.ac.uk/urop/how-to-get-involved/registration>

Advice on participant eligibility can be found at <http://www.imperial.ac.uk/urop/what-is-urop>

Section 1 – To be completed by all student participants (CAPITAL LETTERS please)				
Surname/Family name	LIU		Title (Mr/Miss/Ms etc)	Mr
First name(s)	XING		Gender	M <input checked="" type="checkbox"/> / F <input type="checkbox"/>
Date of Birth (DD/MM/YYYY)	15/10/1997			
Email address	XINGLIU16@IMPERIAL.AC.UK			
Home University/College/School	IMPERIAL COLLEGE LONDON		Nationality	CHINESE
Town/City	LONDON	Home University Department	DEPARTMENT OF MATHEMATICS	
Imperial College CID Number (for internal students only)			01200990	
Year of higher education to be completed in current academic year Select from : pre-uni, 1,2, 3, 4, 5 (UROP is not for post-masters or PhD/Doctoral level)				1
Expected Date of Completion from your current degree (MM/YYYY)	07/2019	Non-Imperial student only Current degree: Bachelor? ↓	Non-Imperial student only Current degree: Master? ↓	
		YES / NO	YES / NO	
If you expect to graduate in the current academic year are you expecting to re-enter full-time Higher Education the following autumn?			YES / NO	
UROP Participant's Declaration				
I have read, understood and agree to the UROP Participant's Declaration Read the Declaration here: http://www.imperial.ac.uk/urop/how-to-get-involved/registration <i>Note: Once a registration has been processed, a student will be asked to provide further information (e.g. addresses, emergency contacts, visa if applicable)</i>				
Signed (participant) Digital Signature is acceptable			Date: DD/MM/YYYY)	02/05/2018
Section 2 – To be completed by the Supervisor (CAPITAL LETTERS please)				
Supervisor's name	DIN-HOUN LAU		Title	DR
Department	MATHEMATICS		Faculty	NATURAL SCIENCES
Email address (assumed to be Imperial College email address unless stated otherwise)	dhl@ic.ac.uk			
Brief Title of Research Experience (please write clearly)	Statistical Modelling for Streaming Data from Instrumented Bridges			
Precise Dates of Research Experience Preferably commencing on a Monday and finishing on a Friday, and taking into account split periods due to holidays or other breaks. Subsequent changes to the dates should be communicated by the host department to their Student Records Contact in Registry.				
From :	To :	Number of weeks		
25/6/18	7/8/18	8 weeks		
Campus on which the UROP research experience is to take place			SOUTH KENSINGTON	
If to be undertaken during the student's term-time (Imperial College students only) please indicate the planned involvement (days/hours)			NA	
Section 3: To be completed by the host department/division (CAPITAL LETTERS please)				
Procedures for completing Section 3 vary across College. Supervisors should refer to their Research Group or Departmental Administrator for advice. It is very important that the most appropriate person signs Section 3. The Host Department should submit the form as a PDF to their Student Records Contact in Registry				
On behalf of my Department, I, the undersigned, approve the UROP of:		[name of participant]		
Signed		Date:		
Name		Departmental Authorisation Stamp		

Department <input type="text"/>		(Compulsory if the Form - when submitted by email - is <u>not</u> sent to Student Records by a recognised departmental contact)
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