

**THE UNIVERSITY OF HONG KONG**  
**Thesis Submission Form**  
**For Research Postgraduate Students in Li Ka Shing Faculty of Medicine**

*[This form should be submitted together with the Graduate School's  
Thesis Submission Form by Supervisor of MPhil/PhD Thesis (document 239/710 amended)]*

Name of student: \_\_\_\_\_

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

**Part One**

The above-named student (please tick as appropriate):

- has submitted all the original research data related to his/her MPhil/PhD\* thesis to the above-named Primary Supervisor. (\*Please delete as appropriate.)

***NOTE: The Faculty will NOT proceed with the thesis examination if the student has not fulfilled the above requirement.***

Comments (if any):

**Part Two**

The above-named student (please tick as appropriate):

*For MPhil:*  has made at least **one poster presentation** at the Research Postgraduate Symposium, other local/international conferences or at departmental research seminars.

*For PhD:*  has made at least **one poster presentation and one oral presentation** at the Research Postgraduate Symposium, other local/international conferences or at departmental research seminars.

Comments (if any):

Signature: \_\_\_\_\_  
(Student)

Signature: \_\_\_\_\_  
(Primary Supervisor)

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

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