



David C. Lam Institute for
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LEWI Visiting Fellowship Programme

Applicant Information

Name: _____ Title: _____
Surname Given Name(s) (Mr/Mrs/Miss/Ms/Dr/Prof)

Address: _____

Phone: _____ Email: _____

Job Title: _____ Proposed Visiting Period: _____

Home Institution: _____

Department: _____

Name of LEWI Collaborator(s): _____

Application Checklist

Has a full curriculum vitae been attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has a research proposal been attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the applicant require a visa to visit and stay in Hong Kong?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the application require any other supporting documents? If yes, please specify: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Disclaimer and Signature

By submitting this application, I understand and agree to the Hong Kong Baptist University's Privacy Policy Statement and Personal Information Collection Statement at <https://bupdpdpo.hkbu.edu.hk/policies-and-procedures/pps-pics/>.

I hereby certify that the information provided on this form, and that in any attached materials, are true and complete to the best of my knowledge.

Signature: _____ Date: _____