



香港中文大學生物醫學工程學系
Department of Biomedical Engineering
The Chinese University of Hong Kong



BME Overseas Summer Research Internship 2024-25

Application Form

Personal Information

Name _____ Student ID No. _____
(In BLOCK LETTERS, SURNAME FIRST) (In Chinese) (10 digits)

Gender _____ Major / Programme of Study BEng (Hons) in Biomedical Engineering

Minor _____ College _____ of Study Yr. _____ Term of Graduation _____

Date of Birth ____ / ____ / ____ (DD/MM/YYYY) Residency Local / Non-Local * Citizenship _____

Home Address _____

Telephone _____ Mobile _____

E-mail Address _____ (CUHK) / _____ (Personal)

Academic Results

Cumulative Grade Point Average (in 2 decimal places): _____

| Institution | Topics / Areas of Research Project | Student Place Available | Preferred Project (Up to 3) *: |
|--|---|-------------------------|--------------------------------|
| Monash University | Computational neuroscience; brain mapping and modelling; neuro-inspired AI; active inference | 1-2 | |
| National Tsing Hua University, Taiwan | Magnetic resonance imaging; deep learning and machine learning in biomedical imaging | 1-2 | |
| New Jersey Institute of Technology, United States of America | Low-dimensional materials for electronics and biosensors | 1-2 | |
| New Zealand College of Chiropractic, Auckland, New Zealand | Bio signal processing; understanding mechanism of manual therapies using applied neurosciences approaches; machine learning with wearable data and bio signals like EEG, EMG, ECG; rehab tech development | 2-4 | |
| University of Washington | Eye imaging; medical imaging | 1-2 | |

* Please prioritize your preferred project (1 is most preferred.)

Please indicate which scholarship(s) you will apply/applied for regarding the internship in 2024-25:

- ☐ BME Overseas Summer Research Internship Scholarships 2024-25
- ☐ Professor Charles K. Kao Research Exchange Scholarships
- ☐ Scholarships from University or College (Please specify: _____)
- ☐ Other scholarships (Please specify: _____)

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

All the information provided will be kept confidential. We will not disclose your personal information to a third party without your consent unless we are required or authorized to do so by law or other regulations. Records of unsuccessful candidates will be destroyed when no longer needed.