



## HONR2004 Project on Social Awareness Pre-enrollment Form

Academic Year \_\_\_\_\_ / \_\_\_\_\_

Group Member Information:							
No.	Name	Student No.	Residential College	Faculty	Major	Contact No.	Signature
1							
2							
3							
4							

Supervisor Information:							
Position	Name	Residential College	Faculty	E-mail	Signature*	Date	
Supervisor:							
Consultant: (Optional)							

Note: \*This is to show the preliminary agreement of the supervisor, subject to further approval.

For Office Use Only		
Received by (staff): _____	Date: _____	Ref. no: HONR2004/_____/_____