

THE UNIVERSITY OF HONG KONG
FACULTY OF ENGINEERING
Innovation Academy

Student-Initiated Course
Course Report
(to be completed by the hosting team)

| A. Course Details | |
|----------------------|--|
| Code: | |
| Title: | |
| Hosting Team: | |
| No. of participants: | |

| B. Course Report <i>(Please provide a formal project report write up. The report will be circulated to our donors, the Faculty community, and the wider public.)</i> | |
|---|--|
| Intended Learning Outcomes | |
| Student learning and achievements | |
| Future plan | |
| Sharing by Faculty Advisor and his/her quotes | |
| Sharing by students, student's quotes | |

| | |
|--------|--|
| Others | |
|--------|--|

D. Reflection Report

*(Reflection of the experience and the outcome in **500 words**, inclusive of what you have learnt, the difficulties encountered, the achievement of the intended outcome, the impact on your personal, professional and / or career development, etc.)*

C. Budget Report

| Items | Budget Approved | Actual Expenditure |
|---------------|-----------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| Total: | | |

Note: Expenses will be paid/re-imbursed upon presentation of valid invoices/receipts. The awardee will have 3 months within which to complete the necessary financial procedures upon project completion.

D. Submission checklist

| Items | |
|---|--------------------------|
| Attendees' Report | <input type="checkbox"/> |
| Certified attendance list of participants | <input type="checkbox"/> |
| A two-minute video | <input type="checkbox"/> |
| 5 photos in print quality | <input type="checkbox"/> |

E. Declaration by Instructor

| | |
|--|--|
| <input type="checkbox"/> I confirm the information given in this report is true and accurate. | |
| <input type="checkbox"/> I understand that the content that shared in the report will be collected by the Innovation Academy and will be published in connection with a variety of activities including website community features or other promotion. | |
| Signature | |
| Name: | |
| Date: | |

F. Endorsement by Faculty Advisor

| | |
|-------------|--|
| Signature | |
| Name: | |
| Position: | |
| Department: | |
| Date: | |

*Please submit the Course Report and the relevant documents to the Office of Innovation Academy **within one month** upon the completion of the course.*