

Graduate School
THE CHINESE UNIVERSITY OF HONG KONG
Shatin, New Territories Hong Kong

Address Slip

Date: _____

(Type or print legibly in the address box below the name and address of the office, firm or institution to which the transcript(s)/Certifying Letter(s)/Report on Curriculum Details(s) is/are to be sent.)

The enclosed _____ copy/copies of transcript(s)/ Certifying Letter(s)/Report on Curriculum Details(s) is/are sent at the request of

who is applying for

studies in _____

a position of _____

POSTAGE PREFERRED	→	CUHK	<input type="checkbox"/>	Air	<input type="checkbox"/>	Registered	<input type="checkbox"/>
(Please tick in the appropriate box)		Local	<input type="checkbox"/>	Surface	<input type="checkbox"/>		
