

Application for Cross-institutional Course/Subject Enrolment for Research Postgraduate Students

Notes to applicants:

- 1. Please refer to the webpage of the course/subject offering institution for the respective notes.
- 2. Please submit the completed form to the Graduate School/Registry/Research Office of your home institution for endorsement.

Personal Particulars			
Name in English (in block letters; please use the nam Surname: Given Names:	ne as stated in your HKID card)		
Name in Chinese: C.C. Code in HKID: Date of Birth : (dd / mm / yyyy)	Title: Dr./Mr./Miss/Mrs./M HKID No.: ()		
Student Visa No.: Place of Birth: Place of Legal Right of Permanent Residence (戶籍)	Mainland ID/Passport No.^*: Place of Legal Nationality (祖籍) [#] :		
Tel. No.: (Office)	(Mobile) (Home)		
Email Address: Emergency Contact Person:			
Doportmont			
Supervisor(s): Student No.:	Degree Programme Currently Enrolled in: PhD/MPhil [*]		
Year of Study:	Mode of Study: Full-time/Part-time *		

* Please delete as appropriate.

The item should be completed if your Place of Origin is the People's Republic of China.

[^]The item should be completed if you would like to enroll in course(s)/subject(s) offered by the Hong Kong Polytechnic University or the Hong Kong University of Science and Technology or The Chinese University of Hong Kong.

II. Courses/Subjects Applied For

Academic Year:			Semester/Term:		
Ref No.	Course/Subject Offering Institution	Course/Subject Code	Course/Subject Title		
1					
2					

[Please provide appropriate document(s) to support the application if the above subjects have pre- or co-requisite requirements.]

III. Student's Declaration

I declare that the information given in support of this application is accurate and complete. I understand that my application may be delayed or may not be considered if the data submitted are incomplete. I also understand that upon successful application, my data will become part of the student record and may be used for all purposes as prescribed under relevant rules and regulations of the course/subject offering institution. I am entitled to request access to and correction of my personal data. If my application is unsuccessful, the form and all the supporting papers will be destroyed.

I understand that a record of my course/subject result(s) will be sent to my home institution and hereby authorize the course/subject offering institution to release my course/subject result(s) to my home institution.

	ement of Applican	ndorse *		Do not endorse *
Remarks	(if any):			
Signatur	e:			_
Name:				_
Office:				
Date:				(Official stamp of responsible office of home institution)
* Please tie	k as appropriate.			
V. Approv	al of the Course/S	ubject Offering Institutio	n	
Ref 1.	Subject Code:			
	5	Approve *		Do not approve * [Please provide reasons below
		Approve		Do not approve I rease provide reasons below.
	Remarks (if any):			
	Signature:			Name:
	Office:			
	onice.			Date:
Ref 2.	Subject Code:			_
		_		
		Approve *		Do not approve * [Please provide reasons below.
	David La //fama)	Approve *		Do not approve * [Please provide reasons below.
	Remarks (if any):			Do not approve * [Please provide reasons below.
	Remarks (if any):			
	Remarks (if any):			
	Remarks (if any): Signature: Office:			