

香港中文大學
THE CHINESE UNIVERSITY OF HONG KONG

註冊及考試組
Registration and Examinations Section
退學通知書
NOTICE OF WITHDRAWAL

注意

Note:

申請發還保證金，請另填「發還保證金申請表」。
Please also complete the form "Application for Refund of Caution Money" as necessary.

本人決定於 _____ (日期) 起退學，特此通知。
I hereby inform you of my decision to withdraw from the University with effect from _____ (Date).

本人之資料如下：
My particulars are as follows:

姓名〔英文〕 _____ 〔中文〕 _____ 學號 _____
Name:〔in English〕 _____ 〔in Chinese〕 _____ Student I.D. No.: _____
主修/課程 _____ 課程編碼 _____
Major/Programme: _____ (Programme Code: _____)
修業年 _____ 香港身份證號碼 _____ 聯絡電話 _____
Year of Attendance: _____ H.K.I.D. Card No.: _____ Contact Tel. No.: _____

退學原因 (請於下列選擇一個最適合之原因):

Reason for Withdrawal (Please ✓ one most appropriate reason listed below):

- 移民 Emigration 工作 Employment 經濟/家庭原因 Financial and/or family reason(s)
 健康原因 Health reason(s) 適應困難 Adjustment Problem(s) 學業成績欠佳 Unsatisfactory academic results

- 於其他院校繼續升學
Continue/Apply study in another University/Institution

大學或院校名稱 _____ 國家(海外升學適用) _____
Name of University/Institution: _____ Country (for overseas study): _____
主修/課程 _____ 年級 _____
Major/Programme: _____ Study Year: _____
本科生課程 其他(請註明)
 Undergraduate Others (please specify): _____

- 其他原因(請註明):
Other reason (please specify): _____

簽署 _____ 日期 _____
Signature: _____ Date: _____

收集個人資料聲明

- 此表格所收集的資料將用作註冊學生紀錄事宜。所提供的資料於無需保留時將全部銷毀。
- 學生就讀於香港中文大學期間所申報或被收集之個人資料，均可由香港中文大學各教學及行政部門持有、轉告及用於審核、聯絡、行政及策劃之用途。
- 如在遞交此表格後要查閱或改正個人資料，請聯絡註冊及考試組：(電話：3943 9888、傳真：2603 5129、電郵：ugadmin@cuhk.edu.hk)

Personal Information Collection Statement

- The personal data provided on this form will be used for the purpose of processing student records. All information provided, when no longer required, will be destroyed.
- Data collected from or generated by students during their studies at CUHK may be held by/transferred to any department/administrative unit within CUHK as management information to facilitate verification, communication, operation and planning.
- For correction of or access to the personal data after submission of this form, please contact the Registration and Examinations Section (Tel. No.: 3943 9888, Fax No.: 2603 5129, e-mail address: ugadmin@cuhk.edu.hk)

The Department/Programme has noted the above-named student's intention to withdraw. Kindly process the withdrawal as requested.

Remarks : _____

Signature of Dept. Chairman/Programme Co-ordinator

Date

For office use only

Handled by : _____

Date : _____

Computer record updated by : _____

Date : _____