

Associate Director

退學通知書 (只適用於學歷課程) Notice of Withdrawal (ABP only)

請於填寫本表格前參閱背頁之「辦理法	恳學須知」。 Please read the '	'Notes for Processing Withdrawal" overle	eaf before completing	ng this form.
課程編號 Programme Code				
課程名稱 Programme Title				
退學原因 (請選擇一個最適合之原因): Reason for Withdrawal (Please tick ☑ one most appropriate reason)	□ 就業/工作理由 Emplo □ 健康理由 Health reas □ 經濟理由 Financial re □ 學業成績欠佳 Unsatis □ 其他(請註明)Other	on eason sfactory academic result		
學號/註冊編號 Student ID/Registration No 英文姓名		(如未能提供學號/註冊編號,請填上香港身份 (Please provide your HKID Card No. if your		tion No. is not available.)
Name (in English)			((Mr./Miss/Ms./Mrs.)
通訊地址			(先生/	小姐/女士/太太)
聯絡電話	擇以郵寄方式收取收據,請填上地 電郵地址	址。Please provide your address if you choos		pt by mail.)
		日期 Date .		
* 請刪去不適用者。Please delete if inappi	opriate.			
For Official Use Only				
To be completed by Administration				
Form Received on		Handled By		
To be completed by Programme Te Programme Team noted this withdraw ☐ Yes ☐ Others:				
Verified by	(Name)	((Title)	(Date
(Remarks				
Programme Director		Date		
To be completed by Registry Verified by	(Name)	((Title)	(Date
(Remarks				
☐ Confirm the withdrawal				
□ Others:				

Date

辦理退學須知

1. 請填妥通知書並交回/電郵予本院辦理退學手續。

2. 如有查詢,請與本院教務組聯絡:

電話: 2209-0235 傳真: 2603-6565

電郵: <u>scs-registry@cuhk.edu.hk</u>

地址: 香港九龍尖沙咀漆咸道南39號鐵路大廈6樓

3. 個人資料收集聲明:閣下在本表格內所提供的個人資料,本院只用作處理此退學之用。

Notes for Processing Withdrawal

1. Please return/e-mail the completed withdrawal notice to the School for processing.

2. For enquiries, you can contact the Registry by:

Phone: 2209-0235 Fax: 2603-6565

E-mail: scs-registry@cuhk.edu.hk

Address: 6/F, Railway Plaza, 39 Chatham Road South, Tsim Sha Tsui, Kowloon, Hong Kong.

3. Personal Data Collection Statement: The personal data provided in this form will be used by the School for the purpose of processing this withdrawal only.