THE CHINESE UNIVERSITY OF HONG KONG

FACULTY OF EDUCATION HONG KONG INSTITUTE OF EDUCATIONAL RESEARCH Room 204, Ho Tim Building, Shatin • NT • HONG KONG • TEL 3943 4490 • FAX 2603 6850

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HK ID No: Daytime Contact N	oYea	r of study: Term:
Name in English:	Name in Chinese:	
Programme Enrolled:		
Preferred Method for Notification of Application Result: Please write clearly the Fax No. or the Email Address. Please write clearly the Fax No. or the Email Address.		
COURSE(S) TO BE ADDED		
Course Code Course 7	Гitle	For Office Use Only
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COURSE(S) TO BE DROPPED		
Course Code Course 7	Γitle	For Office Use Only
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Student's Signature:	Hong Kong Institute of Educational Research:	
Date:	Date:	
NOTE: This form MUST be submitted to the Hong Kong Institute of Educational Research by FAX within the add/drop period. Submission beyond the add/drop period will NOT be accepted. Students will be notified of the result by email or by fax within 5 working days upon the completion of the ADD/DROP period.		
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