THE CHINESE UNIVERSITY OF HONG KONG

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

2019/2020

LATE ADD/DROP FORM

Name in English:			(in Chinese):		
Daytime Contact No.:			Year of Admission:		
Programme E	Enrolled: _				
Preferred Method for			☐ By Fax*:	By Email*: _	
Notification of	of Applicat	ion R	esult:		
*Please write clearly the Fax No. or the Email Address.					
COURSE(S) TO BE ADDED					
Course Code			Course Title		For Office Use Only
					APPROVED / NOT APPROVED
					APPROVED / NOT APPROVED
COURSE(S) TO BE DROPPED					
Course Code			Course	Title	For Office Use Only
					APPROVED / NOT APPROVED
					APPROVED / NOT APPROVED
Reason (Please enclose with supporting documents such as doctor's certificate, letter from principals, etc.):					
Student's Sig	nature:			Programme Co-Director / Programme Coordinator:	
Date:				Date:	
NOTE: Students will be notified of the application result by email or by fax. Please send the completed application form together with HK\$220 (cheque should be made payable to "The Chinese University of Hong Kong") to the following address: Hong Kong Institute of Educational Research The Chinese University of Hong Kong Room 204 Ho Tim Building, Shatin, New Territories					
Attn: Ms. Alice Sung					
For Office Use Only					
Update computer record by:				Date :	
Authenticated by:				Date :	