



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「辦理退學須知」。 Please read the "Notes for Processing Withdrawal" overleaf before completing 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 <input checked="" type="checkbox"/> one most appropriate reason)	<input type="checkbox"/> 就業/工作理由 Employment/Work reason <input type="checkbox"/> 健康理由 Health reason <input type="checkbox"/> 經濟理由 Financial reason <input type="checkbox"/> 學業成績欠佳 Unsatisfactory academic result <input type="checkbox"/> 其他 (請註明) Others (please specify): _____

學號/註冊編號 Student ID/Registration No. _____ (如未能提供學號/註冊編號, 請填上香港身份證號碼。)
 (Please provide your HKID Card No. if your Student ID / Registration No. is not available.)

英文姓名 Name (in English) _____ (Mr./Miss/Ms./Mrs.)*

中文姓名 Name (in Chinese) _____ (先生/小姐/女士/太太)*

通訊地址 Correspondence Address _____
 (如選擇以郵寄方式收取收據, 請填上地址。 Please provide your address if you choose to receive the receipt by mail.)

聯絡電話 Contact No. _____ 電郵地址 E-mail Address _____

簽署 Signature _____ 日期 Date _____

* 請刪去不適用者。 Please delete if inappropriate.

For Official Use Only

To be completed by Administration Division/Programme Team/Registry

Form Received on _____ Handled By _____

To be completed by Programme Team

1. Programme Team noted this withdrawal
 Yes
 Others: _____

2. The results of all completed modules have been endorsed by the PCE Exam Board
 Yes
 No (Remarks: The result of last module will be endorsed by the PCE Exam Board tentatively on _____ (Date))

Verified by _____ (Name) _____ (Title) _____ (Date)
 (Remarks: _____)

Programme Director _____ Date _____

To be completed by Registry

Verified by _____ (Name) _____ (Title) _____ (Date)
 (Remarks: _____)

Confirm the withdrawal
 Others: _____

Associate Director (Academic Quality and Development) _____ 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： scs-registry@cuhk.edu.hk
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.