

**The Chinese University of Hong Kong**  
**Graduate School**  
**NOTICE OF WITHDRAWAL**

**Personal Information Collection Statement:**

1. The personal data provided on this form will be used by the Graduate School for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
  2. Information provided on this form may be transferred to other departments/administrative units within CUHK for consideration and granting approval, where applicable. Your information will not be used for other purpose or be transferred to a third party without our prior consent.
  3. For correction of or access to the personal data after submission of this form, please contact the Graduate School at 3943 8976 or email to [gradschool@cuhk.edu.hk](mailto:gradschool@cuhk.edu.hk)
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**I hereby inform you of my decision to withdraw from the University with effect from**

**\_\_\_\_\_ (dd)/ \_\_\_\_\_ (mm)/ \_\_\_\_\_ (yyyy).**

**My personal particulars are listed below:**

Name (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_  
Student ID No. \_\_\_\_\_ Admission Date \_\_\_\_\_  
Contact Tel. No. (HK) \_\_\_\_\_ E-mail address \_\_\_\_\_  
Programme of Study \_\_\_\_\_ *(.e.g. MA in Music/Ph.D. in Music)*

Mode of Study  Full-time  Part-time

Are you an awardee of the HK PhD Fellowship Scheme?  Yes  No

Have you returned the "CU Link card"?  Yes  No  I have not collected my CU Link card.

Have you returned the "Form for Refund of Caution Money":

- Yes  
 No → Please complete the form "Application for Refund of Caution Money", if applicable.  
 I have not paid the Caution Money.

**Reason for Withdrawal (Please put a "✓" next to the ONE most appropriate reason listed below):**

- Emigration  Employment  Financial reason  
 Health reason  Adjustment reason  
 Continuation of study in another University/Institution  
Name of University/Institution: \_\_\_\_\_ Country (for overseas study): \_\_\_\_\_  
 Other reasons (please specify): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Division Use Only**

To: Graduate School

The Division has noted the withdrawal of the above-named student. Please process the withdrawal.

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Graduate Division Head