

香港中文大學
THE CHINESE UNIVERSITY OF HONG KONG
教育學院
Faculty of Education
退學通知書
NOTICE OF WITHDRAWAL

注意事項

Notes:

1. 申請表連同有關文件(如適用) 可經電郵 (pgde@cuhk.edu.hk) 或郵遞 [香港中文大學何添樓G1室 (PGDE 課程)] 提交。
Completed application form, together with other document (if applicable), shall be submitted by email (pgde@cuhk.edu.hk) or by post [G1, Ho Tim Building, The Chinese University of Hong Kong, Shatin, Hong Kong. (Attn: PGDE Programmes)]
2. 申請發還保證金，請另填「發還保證金申請表」。
Please also complete the form "Application for Refund of Caution Money" as necessary.

本人決定於 _____ (日期) 起退學，特此通知。
I hereby inform you of my decision to withdraw from my studies for the below programme with effect from _____ (Date).

本人之資料如下(請在適當之空格內填上'✓')：
My particulars are as follows (Please '✓' as appropriate)：

姓名 (英文)	_____	(中文)	_____
Name : (in English)	_____	(in Chinese)	_____
學號	_____	香港身份證號碼	_____
Student I.D. No. :	_____	H.K.I.D. Card No. :	_____
電郵地址	_____	聯絡電話	_____
E-mail Address :	_____	Contact Tel. No. :	_____
學制	<input type="checkbox"/> 全日 <input type="checkbox"/> 兼讀	修業年份	_____
Time Basis :	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Year of Attendance :	_____
課程	<input type="checkbox"/> 學位教師教育文憑課程	<input type="checkbox"/> 學位教師教育文憑(小學)課程	
Programmes :	<input type="checkbox"/> Postgraduate Diploma in Education Programme	<input type="checkbox"/> Postgraduate Diploma in Education (Primary) Programme	
	<input type="checkbox"/> 學位教師教育文憑課程(幼兒教育)		
	<input type="checkbox"/> Postgraduate Diploma in Education (Early Childhood Education) Programme		
主修	_____	副修	_____
Major :	_____	Minor(s) :	_____

退學原因

Reason(s) for Withdrawal : _____

簽署 _____ 日期 _____
Signature : _____ Date : _____

收集個人資料聲明：

- i. 此表格所收集的資料將用以處理有關的申請，所提供的資料於無需保留時將全部銷毀。
- ii. 如在遞交此表格後要查閱或改正個人資料，請聯絡教育學院：電話：3943-6721/ 3943-6964、傳真：2603-6129、電郵：pgde@cuhk.edu.hk。
- iii. 本表格所收集的資料或會轉交香港中文大學其他行政或教學部門作考慮或批核用。

Personal Information Collection Statement:

- i. The personal data provided on this form will be used by the Faculty of Education for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
- ii. For correction of or access to the personal data after submission of this form, please contact the Faculty of Education : Tel. No.: 3943-6721/ 3943-6964, Fax No.: 2603-6129, e-mail address: pgde@cuhk.edu.hk.
- iii. Information provided on this form may be transferred to other departments/ administrative units within CUHK for consideration and granting approval, where applicable.

FOR OFFICE USE ONLY

I have noted the withdrawal of the above-named student. Kindly process the withdrawal.

Remarks : _____

Signature of Programme Co-ordinator: _____ Date : _____

Handled by : _____ Date : _____

Computer record updated by : _____ Date : _____