

**THE CHINESE UNIVERSITY OF HONG KONG**  
**Office of Academic Links (OAL)**  
**International Asian Studies Programme**  
**Transcript / Certifying Letter Ordering Form**

This form is only applicable for exchange / study abroad students who participated in the International Asian Studies Programme (IASP) at the Chinese University of Hong Kong on a non-degree basis.

**Types of Documents Available for Request**

1. **Transcript (Official Copy).** Official transcripts will NOT be issued to a student or any private individual. It will be sent directly to an institution or a prospective employer.
2. **Transcript (Student Copy).** You should apply for a Student Copy if the transcript is for your personal use / retention. Transcripts issued to a student or any private individual will be marked "Student Copy".
3. **Certifying Letter.** For certifying a student's past or current enrolment at CUHK.

**Document Fee**

|                                                                                                 |                 |
|-------------------------------------------------------------------------------------------------|-----------------|
| <b>Physical copy</b> - to be delivered by regular mail (local/air), courier or in-person pickup | HK\$50 per copy |
| <b>Scanned copy</b> - to be delivered by email                                                  | HK\$50 per copy |

**Delivery Fee**

|                                                                         |                          |
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| <b>In-person pick up</b>                                                | Not applicable           |
| <b>Regular mail (local/air) / email</b>                                 | Included in document fee |
| <b>Courier</b>                                                          |                          |
| To Australia, Canada, Denmark, France, Germany, New Zealand, UK and USA | HK\$300 per address      |
| To China, Japan, South Korea, Singapore and Taiwan                      | HK\$180 per address      |
| To other destinations                                                   | Please contact OAL       |

**Requester's Particulars**

|                            |  |                               |  |
|----------------------------|--|-------------------------------|--|
| Surname (in BLOCK letters) |  | First name (in BLOCK letters) |  |
| CUHK Student No.           |  | Enrollment Year & Term        |  |
| Email Address              |  |                               |  |

**Document(s) Requested**

|                            | No. of Physical Copies |              |         | No. of Scanned Copies | Total no. of Copies |
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| Transcript (Official Copy) | Not applicable         |              |         |                       |                     |
| Transcript (Student Copy)  |                        |              |         |                       |                     |
| Certifying Letter          |                        |              |         |                       |                     |

**Transcript / Certifying Letter Request #1**

|                                                                                        |                        |                           |                    |
|----------------------------------------------------------------------------------------|------------------------|---------------------------|--------------------|
| Document Type and No. of Copies                                                        | Transcript (Official): | Transcript (Student):     | Certifying Letter: |
| Delivery Method (Please tick)                                                          | In-person Pick up:     | Regular Mail (local/air): | Courier: Email:    |
| <b>Delivery Information</b> (Please complete the applicable fields in <b>English</b> ) |                        |                           |                    |
| Full Name of Recipient / Institution / Company                                         |                        |                           |                    |
| Name of Contact Person / Office / Programme                                            |                        |                           |                    |
| Email Address                                                                          |                        |                           |                    |
| Mailing Address                                                                        |                        |                           |                    |
| Country / Region                                                                       | Postal Code            | Tel. No.                  |                    |

\*Please provide the information in **English**, and complete page three if requesting deliveries of more copies by regular mail/courier/email.

**Notes**

1. Payment must be made by credit card (VISA or MasterCard). UnionPay and debit cards are not accepted.
2. You are strongly advised to check the [Hongkong Post homepage](#) on the availability of the requested service(s) before completing the form. Mailing and courier services from Hongkong Post may be suspended due to unforeseeable circumstances.
3. Please double check and make sure all the information indicated in the form is correct.
4. Overseas transaction may incur transaction fees. Please check with your card issuing bank for details.
5. The Transcript / Certifying Letter Request Form, and the Credit Card Payment Authorization Form should be returned together to the Office of Academic Links (OAL) by email at [studyabroadtranscript@cuhk.edu.hk](mailto:studyabroadtranscript@cuhk.edu.hk).
6. The Office of Academic Links accepts no responsibility for any loss or damage of the documents(s) during delivery. Processing time of each request is about 10 working days (including the processing time of your credit card payment authorization form). Airmail delivery takes another 5 - 14 days, depending on the destination.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Credit Card Payment Authorization Form**

I hereby authorize Office of Academic Links of the Chinese University of Hong Kong to charge my credit card account according to the following instructions.

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(Month / Year)

| Requester s Particulars |  |
|-------------------------|--|
| Student Name            |  |
| CUHK Student No.        |  |

| Transaction Particulars and Amount                                      | No. of Copies | Fee Amount  |
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| <b>Transcript (Official Copy)</b><br>(HK\$50 per physical/scanned copy) |               | HK\$        |
| <b>Transcript (Student Copy)</b><br>(HK\$50 per physical/scanned copy)  |               | HK\$        |
| <b>Certifying Letter</b><br>(HK\$50 per physical/scanned copy)          |               | HK\$        |
| Courier Shipping Fee <sup>#</sup> (optional)                            |               | HK\$        |
| <b>Total Amount to be Charged</b>                                       |               | <b>HK\$</b> |

| Shipping Destination                                                                       | Shipping Fee        |
|--------------------------------------------------------------------------------------------|---------------------|
| Australia, Canada, Denmark, France, Germany, New Zealand, United Kingdom and United States | HK\$300 per address |
| China, Japan, South Korea, Singapore and Taiwan                                            | HK\$180 per address |
| Other destinations                                                                         | Please contact OAL  |

Date: \_\_\_\_\_

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**Delivery Details of Other Documents (Please provide the information in English.)**

|                                                                                        |                        |                           |                    |          |
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| <b>Transcript / Certifying Letter Request #2</b>                                       |                        |                           |                    |          |
| Document Type and No. of Copies                                                        | Transcript (Official): | Transcript (Student):     | Certifying Letter: |          |
| Delivery Method (Please tick)                                                          | In-person Pick up:     | Regular Mail (local/air): | Courier:           | Email:   |
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| <b>Transcript / Certifying Letter Request #3</b>                                       |                        |                           |                    |          |
| Document Type and No. of Copies                                                        | Transcript (Official): | Transcript (Student):     | Certifying Letter: |          |
| Delivery Method (Please tick)                                                          | In-person Pick up:     | Regular Mail (local/air): | Courier:           | Email:   |
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| <b>Transcript / Certifying Letter Request #4</b>                                       |                        |                           |                    |          |
| Document Type and No. of Copies                                                        | Transcript (Official): | Transcript (Student):     | Certifying Letter: |          |
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| Full Name of Recipient / Institution / Company                                         |                        |                           |                    |          |
| Name of Contact Person / Office / Programme                                            |                        |                           |                    |          |
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| Country / Region                                                                       |                        | Postal Code               |                    | Tel. No. |

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| <b>Transcript / Certifying Letter Request #5</b>                                       |                        |                           |                    |          |
| Document Type and No. of Copies                                                        | Transcript (Official): | Transcript (Student):     | Certifying Letter: |          |
| Delivery Method (Please tick)                                                          | In-person Pick up:     | Regular Mail (local/air): | Courier:           | Email:   |
| <b>Delivery Information</b> (Please complete the applicable fields in <b>English</b> ) |                        |                           |                    |          |
| Full Name of Recipient / Institution / Company                                         |                        |                           |                    |          |
| Name of Contact Person / Office / Programme                                            |                        |                           |                    |          |
| Email Address                                                                          |                        |                           |                    |          |
| Mailing Address                                                                        |                        |                           |                    |          |
| Country / Region                                                                       |                        | Postal Code               |                    | Tel. No. |

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| <b>Transcript / Certifying Letter Request #6</b>                                       |                        |                           |                    |          |
| Document Type and No. of Copies                                                        | Transcript (Official): | Transcript (Student):     | Certifying Letter: |          |
| Delivery Method (Please tick)                                                          | In-person Pick up:     | Regular Mail (local/air): | Courier:           | Email:   |
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\*\*Please use another sheet if you need the documents to be delivered to more recipients.