

由短期課程轉讀指定之學歷課程申請表格 Application Form for Transfer of General Course to Designated Award-bearing Programme

請於填寫本表格前參閱背頁之「申請須知」。 Please read the "Notes for Application" overleaf before completing this form. 請於適當的方格內填上回號。 Please tick \boxdot the appropriate box.

已修讀之短期課程 Completed General Course(s)*	課程編號 Course Code: 課程名稱 Course Title:	申請轉讀之學歷課程 Award Bearing Programme Applied for Transfer	課程名稱 Programme Title:	
課程完結日期 (MM/YY) Completion Date of Course(s)*	(1) (2) (3)	預計畢業日期 (MM/YY) Expected Date of Graduation		
*註: 如申請超過 4 個短期課程, 請分別填寫申請表格。 Remarks: Fill in separate form if you want to apply more than four courses.				
申請人英文姓名	No(PI		Student ID / Registration No. is not available.)	
申請人中文姓名	iglish)inese)			
通訊地址 Correspondence Address			,	
聯絡電話 Contact No.	(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.) 絡電話 電郵地址			

學歷及專業資格(請順序列出) Academic and Professional Qualifications (in chronological order)

請於填寫此部份前細閱個別課程章程內之錄取資格。除特別註明外,申請人只需提供與所報讀之課程有關的資料,及其要求之補充資料。詳情請參閱個別課程章程。Please read the specific admission requirements in the individual programme brochure carefully before completing this part. Unless otherwise specified, applicants should only provide details and copies of supplementary information to the relevant programme applied.

如此部分空位不敷填寫,申請人可使用額外紙張詳列有關資料。If there is insufficient space in this part, please give details on a separate sheet.

由 月/年 From MM/YYYY	至月/年 To MM/YYYY	頒發機構 Issuing Authority	學歷/專業資格 Academic/Professional Qualifications	頒發日期 Date of Issue

申請人聲明 Applicant's Declaration

- 1. 本人同意按學院所建議之課程安排修讀未完成之科目,以致可於課程限期內修畢學歷課程。如未能於課程限期內修畢課程,則不獲發任何學歷。
 - I agree to follow the suggested study plan as proposed by the School in order to complete the award bearing programme concerned within the maximum period of study. No award would be granted if the programme concerned could not be completed within the maximum period of study.
- 2. 本人謹此聲明在此報名表格及附件中填報的資料均屬完整正確,並授權香港中文大學向有關機構索取有關本人之考試及就讀資料(如需要)。
 - I declare that the information provided in this form and the attached documents is accurate and complete. I authorise The Chinese University of Hong Kong to obtain information about my public examination results and records of studies from concerned institutions (if necessary).
- 3. 本人明白若提供任何虛假及誤導性的資料,本人的申請資格將被取消。雖經註冊,亦屬無效;而一切已繳費用,概不退還。
 - I understand that provision of any false or misleading information therein shall lead to disqualification of my application for admission and any resulting registration. Any fees paid will not be refunded.
- 4. 本人謹此聲明本人持有有效之香港永久性居民身份證、香港學生簽證或進入許可。
 - I declare that I am a holder of a valid Hong Kong Permanent Identity Card/Hong Kong Student Visa/Entry Permit .
- 5. 本人如獲取錄入學,本人當遵守大學的規則。
 - I consent that if admitted, I will comply with all the Rules and Regulations stipulated by the University.
- 6. 本人已細閱、明白並同意「個人資料收集聲明」及「申請須知」的內容。
 - I have noted, understood and agreed to the contents of the Personal Data Collection Statement and Notes for Application.

申請人簽署 Applicant's Signature	日期 Date			
<u>徽費辦法 Method of Payment</u>				
□ 支票號碼 Cheque No.:	_			
□ 易辦事 EPS 編纂 □ 信用卡 Credit Card □ Visa □ Master 信用卡號碼 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	f 放日期			
持卡人姓名 Card Holder's Name	發卡銀行 Card Issuing Bank			
本人授權中大專業進修學院於上述信用卡支取申請費港幣 I hereby authorise CUSCS to charge the credit card above for an application fee of HK\$ (必須填寫 must fill in)				
持卡人簽署 Card Holder's Signature	日期 Date			
* 請刪去不適用者。Please delete if inappropriate.				

For Official Use Only

Head of Registry Services

To be completed by Administration Division Form Received on _____ Handled By _____ Cheque No. Receipt No. ____ To be completed by Programme Team (Programme Team is required to provide student's study plan and payment details for approval.) Programme Team has followed-up with the following items for this application: 1. Interview with the applicant ☐ Yes □ No (Reasons: The academic qualifications of this applicant could meet the entry requirements of the programme concerned ☐ Yes ПΝο The applicant has completed not more than 50% of the total number of contact hours of the programme concerned (__ out of __ contact hours). ☐ Yes □ No This applicant studied the first GC in ______ (MM/YY) and is expected to complete the programme in (MM/YY). The maximum period of study for this programme is year(s). 5. Others: □ Verified by ______(Name) _____(Title) _____(Date) ☐ Recommend the transfer of GC to designated ABP ☐ Not recommend the transfer of GC to designated ABP Justification ___ Programme Director Date To be completed by Registry □ Verified by _______(Name) ______(Title) ______(Date) (Remarks: ____ ☐ Approve the recommendation ☐ Not approve the recommendation (Remarks:

Date

申請「由短期課程轉讀指定之學歷課程」須知

- 申請人必須於已修讀該學歷課程不多於一半之總學時前遞交申請予本院批核。同時,此申請亦須於達到總學時50%以上的相關 科目開課前遞交。如該科目已開課,申請則不獲批准。
- 2. 所有及格之短期課程只可轉讀一個學歷課程。
- 3. 本院待收到填妥之申請表格、有關證明文件(如適用)及有關費用後,方可處理台端之申請。
- 4. 手續費為港幣二百元正。所有費用,恕不退還。
- 5. 批核有關申請視乎該課程開辦與否而定。本院有權作出最後決定。
- 6. 請把填妥表格,劃線支票或信用咭資料交回或郵寄至本院於「香港九龍尖沙咀漆咸道南39號鐵路大廈6樓」之總辦事處。
- 7. 繳費辦法:
 - (i) 支票付款

申請人可郵寄劃線支票或銀行本票到本院,抬頭為「香港中文大學」。

(ii) 易辦事付款

申請人可於遞交申請表格時,用本地銀行發出之提款卡於本院之報名中心以易辦事繳交費用。

(iii) Visa/萬事達卡

請於申請表格內填寫持卡人姓名、信用卡號碼、有效日期、授權金額及簽署,並親臨或郵寄至本院辦理。

如有查詢,請與本院教務組聯絡:

電話: 2209-0235 / 2209-0478 / 2209-0275

傳真: 2603-6565

電郵: scs-registry@cuhk.edu.hk

9. 個人資料收集聲明:閣下在本表格內所提供的個人資料將供本院職員處理此申請之用。

Notes for "Application for Transfer of General Course (GC) to Designated Award-bearing Programme (ABP)"

- 1. Applications should be submitted to the School for approval after studying not more than 50% of the total number of contact hours of the designated ABP. Also, application should be made before the commencement of the module that leads to the completion of more than 50% of the total number of contact hours of the programme concerned. Transfer of GC to ABP is NOT allowed after the commencement of the module.
- 2. All passed GC(s) could be transferred to one ABP only.
- 3. Applications will be processed upon receipt of the completed application form, supporting documents (if applicable) and payment.
- 4. The administrative fee should be HK\$200. It is non-refundable.
- 5. Approval of application is subject to the offering of programme concerned. The School reserves the right to make the final decision.
- 6. Fill in all the required information on the application form. Return the form with cheque or credit card's information to the School's Head Office at "6/F, Railway Plaza, 39 Chatham Road South, Tsim Sha Tsui, Kowloon, Hong Kong.".
- 7. Payment Method:
 - (i) Payment by Cheque

Applicants may send a crossed cheque or bank draft made payable to "The Chinese University of Hong Kong".

(ii) Payment by EPS

Applicants can make payment by EPS when they submit application forms at the School's Enrolment Centres.

(iii) Payment by Visa / Master Card

The application form should include the card holder's name, card number, expiry date, authorised amount and card holder's signature.

8. For enquiries, you can contact the Registry by:

Phone: 2209-0235 / 2209-0478 / 2209-0275

Fax: 2603-6565

E-mail: scs-registry@cuhk.edu.hk

9. Personal Data Collection Statement: The personal data provided in this form will be used by the School for the purpose of processing this application.