

Head of Registry Services

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「辦理法	艮學須知」。 Please read t	he "Notes for Processing Withdrawal" ov	erleaf before completi	ng 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 ☑ one most appropriate reason)	□ 健康理由 Health re□ 經濟理由 Financia□ 學業成績欠佳 Uns			
學號/註冊編號 Student ID/Registration No 英文姓名		(如未能提供學號/註冊編號,請填上香港 (Please provide your HKID Card No. if y		tion No. is not available.)
Name (in English)				(Mr./Miss/Ms./Mrs.)*
通訊地址				小姐/女士/太太)*
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 inappr	opriate.			
For Official Use Only				
To be completed by Administration	n Division/Programme Te	am/Registry		
Form Received on		Handled By		
To be completed by Programme Te 1. Programme Team noted this with ☐ Yes ☐ Others:	drawal			
The results of all completed modu ☐ Yes ☐ No (Remarks: The result of last module)		oy the PCE Exam Board he 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:				

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 / 2209-0478 / 2209-0275 / 2209-0260

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 / 2209-0478 / 2209-0275 / 2209-0260

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.

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.