

Academic year 202__ - 2__	Term __
------------------------------	------------

Form CS-2

**THE CHINESE UNIVERSITY OF HONG KONG
Graduate School**

Application for Late Course Add/Drop

Notes to Applicants:

- This form is applicable to students who wish to add/drop courses **after** the prescribed add/drop period of their respective programme of study for the given academic term. The most up-to-date add/drop periods of individual programmes are posted on <https://www.gs.cuhk.edu.hk>.
- Please provide full justifications for late course add/drop and attach supporting document(s) (e.g. medical certificate where appropriate) for consideration of the parties concerned.
- Approval by the Office of General Education is required in the case of a General Education course.
- Students who committed academic dishonesty may still be disciplined in accordance with related procedures even if they are approved to late drop the course.
- Student should observe the University Almanac for the period of the academic term concerned. This form, duly endorsed/approved, **MUST** be submitted to the Graduate School Office no later than the end of the academic term concerned of the programme.

Name (English) _____ (Chinese) _____

Student ID No. _____ Mode of Study Full-time Part-time

Programme of Study _____ (e.g. MA in Music/Ph.D. in Music)

Request (Please tick)	Subject Area	Catalog No.	Section	Unit	Signature of Course Teacher/Department Indicating Approval of Request
<input type="checkbox"/> Late add <input type="checkbox"/> Late drop					For late add application, please ✓ the appropriate box(es): <input type="checkbox"/> student concerned has been attending the class since term commencement. <input type="checkbox"/> student concerned has been meeting the assessment requirements (e.g., assignment, mid-term, presentation, final exam, etc.). _____ Signature (Date : _____)
Course title					
Add/Drop period of the programme				(e.g. 7 Sep – 14 Sep 2020)	
Justification for late add/drop					

Signature of Student _____ Date _____

Endorsement

Signature _____ Date _____
Thesis Supervisor / Programme Director

Signature _____ Date _____
Head of Graduate Division

Approval

Approved Not Approved

Signature _____ Date _____
Dean of the Graduate School

Personal Information Collection Statement:

- 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.
- Information provided on this form may be transferred to other departments/administrative units within CUHK for consideration and granting approval, where applicable.
- For correction of or access to the personal data after submission of this form, please contact the Graduate School at <https://www.gradsch.cuhk.edu.hk/help/>.

For Graduate School Use Only : Checked by _____ (FS) _____ (FO)