

THE CHINESE UNIVERSITY OF HONG KONG
FACULTY OF EDUCATION HONG KONG INSTITUTE OF EDUCATIONAL RESEARCH
 Room 204, Ho Tim Building, Shatin • NT • HONG KONG • TEL 3943 4490 • FAX 2603 6850

LATE ADD/DROP FORM

HK ID No:	<input type="text"/>	Daytime Contact No. _____	Year of study: <input type="text"/>	Term: <input type="text"/>
Name in English:	_____		Name in Chinese:	_____
Programme Enrolled:	_____			
Preferred Method for Notification of Application Result:	<input type="checkbox"/> By Fax:	<input type="checkbox"/> By Email:	_____	
<i>Please write clearly the Fax No. or the Email Address.</i>				

COURSE(S) TO BE ADDED		
Course Code	Course Title	For Office Use Only
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COURSE(S) TO BE DROPPED		
Course Code	Course Title	For Office Use Only
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Student's Signature:	Hong Kong Institute of Educational Research:	
Date:	Date:	

NOTE: You will be notified of the application result by email or by fax. Please send the completed application form together with **HK\$220** (cheque should be made payable to "The Chinese University of Hong Kong") to the following address:

Hong Kong Institute of Educational Research
 The Chinese University of Hong Kong
 Room 204 Ho Tim Building, Shatin, New Territories
 Attn: Ms. Alice Sung [Envelopes should be marked with the Programme Title]

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Update computer record by: _____ Date : _____