

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

2018/2019

ADD/DROP FORM

Name in English: _____ (in Chinese): _____

Daytime Contact No.: _____ Year of Admission: _____

Programme Enrolled: _____

Preferred Method for By Fax*: _____ By Email*: _____

Notification of

Application Result: **Please write clearly the Fax No. or the Email Address.*

COURSE(S) TO BE ADDED		
Course Code	Course Title	For Office Use Only
		APPROVED / NOT APPROVED
		APPROVED / NOT APPROVED
		APPROVED / NOT APPROVED
COURSE(S) TO BE DROPPED		
Course Code	Course Title	For Office Use Only
		APPROVED / NOT APPROVED
		APPROVED / NOT APPROVED
		APPROVED / NOT APPROVED
Student's Signature:	Programme Co-Director:	
Date:	Date:	
<p>NOTE: This form MUST be submitted to the Hong Kong Institute of Educational Research within the add/drop period via FAX. Submission beyond the add/drop period will NOT be accepted. Students will be notified of the result by email or by fax within 5 working days upon the completion of the ADD/DROP period.</p>		

For Office Use Only

Update computer record by: _____ Date : _____

Authenticated by: _____ Date : _____