THE UNIVERSITY OF HONG KONG

Application for Change of Faculty/Departmental Course Enrolment

(To be used <u>AFTER</u> the online add-drop period and submitted to applicant's home Faculty Office)

Notes:

- 1. The application form is applicable to students who have not been able to complete course enrolment via the online system. The form will only be processed AFTER the online add-drop period of the semester concerned.
- 2. Applicants should submit the form to their Supervisor(s) and Chairperson of the Departmental Research Postgraduate Committee (DRPC) for approval and signature.
- 3. The duly signed application form should reach applicants' home Faculty Office no later than two weeks after the commencement of the course(s).
- 4. For successful applications, course enrolment records will be updated in HKU Portal within two weeks after approval. Applicants should contact their home Faculty Office if otherwise.

Nar	ne in BLOCK le	tters (Dr/	Mr/ Miss/ Ms/ Mrs *):						
			,	(Surname)		(Given Names)			
Pro	gramme: MPh	il / 3-year	PhD / 4-year PhD *	Study Mo	Study Mode: Full-time / Part-time *				
Uni	versity Number:			Degree Ro	egistration Da	nte: D D M M Y Y	YY		
Dep	oartment:			Faculty:			_		
Cor	ntact Tel. No.:			Email:					
I.	Semester and A	Academic	Year:						
II. III.	Yes. No.								
	Course Code	Sub- class	Course Title		Commence- ment Date	Approval by the Head of the course-offering Department/School#+	Result+ (for official use)		
	(b) Faculty/Department/School Course(s) to DROP:								
	Course Code	rse Code Sub- class Course Title			Commence- ment Date	Approval by the Head of the course-offering Department/School#+	Result+ (for official use)		
	+ Reason(s) for	disapprov	al (to be completed by cour	rse-offering D	epartment/Sci	hool if approval is NOT g	granted):		
IV. * ^	V. I confirm that^ the above course code(s) and course title(s) provided are correct. there is no time clash between/amongst my selected courses. Please delete as appropriate Please tick as appropriate								
#	For courses not o	ome Faculty Office should, m the applicant of the resu							
	Approved by Super			isor(s):	r(s): Approved by Chairperson, DRPC:		DRPC:		
Stud	dent's Signature		Signature Name in BLOCK:	_		Signature Name in BLOCK:			
Date:			Date:				Date:		