















Application for Cross-institutional Course/Subject Enrolment for Research Postgraduate Students

Notes t	o app	licants
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- Please refer to the webpage of the course/subject offering institution for the respective notes.
- Please submit the completed form to the Graduate School/Registry/Research Office of your home institution for endorsement.

Personal Particulars			
Name in English (in block letters; please us Surname: Given Names:	e the name as stated in your I	HKID card)	
	1	1	
Name in Chinese: C.C. Code in HKID:		Title:	Dr./Mr./Miss/Mrs./Ms. 3 Male/Female *
	HIZID N- :	Sex:	
Date of Birth: (dd / mm / yyyy)	HKID No.:		_ ()
Student Visa No.:	Mainland ID/F	Passport No.^*:	
Place of Birth:		Nationality (祖籍) [#] :	
Place of Legal Right of Permanent Residen	ce (戶籍) [#] :		
Correspondence Address:			
Tel. No.:			
(Office)	(Mobile	e)	(Home)
Fax No.:			
Emergency Contact Person:		Tel. No.:	
Home Institution:			
Department:			
Field of Study:			
Supervisor(s):			*
Student No.:		ogramme Currently Enrolled i	
Year of Study:	Mode of S	tudy: Full-time/	Part-time *
* Please delete as appropriate. # The item should be completed if your Place of Orig. ^The item should be completed if you would like to er University of Science and Technology or The Chinese	roll in course(s)/subject(s) offered b	y the Hong Kong Polytechnic Univer	rsity or the Hong Kong
Courses/Subjects Applied For			
Academic Year:	Semes	ter/Term:	
Ref No. Course/Subject Offering Institutio	n Course/Subject Code	Subject Code Course/Subject Title	
1			
2			
[Please provide appropriate document(s) to sup	pport the application if the above	e subjects have pre- or co-requis	site requirements.]
Student's Declaration			

I declare that the information given in support of this application is accurate and complete. I understand that my application may be delayed or may not be considered if the data submitted are incomplete. I also understand that upon successful application, my data will become part of the student record and may be used for all purposes as prescribed under relevant rules and regulations of the course/subject offering institution. I am entitled to request access to and correction of my personal data. If my application is unsuccessful, the form and all the supporting papers will be destroyed.

I understand that a record of my course/subject result(s) will be sent to my home institution and hereby author	orize the
course/subject offering institution to release my course/subject result(s) to my home institution.	

Student's Signature:	Date:
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IV. Endorsement of Applicant's Home Institution					
	E	ndorse *		Do not endorse *	
Remarks	(if any):				
Signature	:			_	
Name:				_	
Office:				_	
Date:				(Official stamp of responsible office of home institution)	
* Please tic	k as appropriate.				
V. Approva	al of the Course/S	ubject Offering Institution	on		
Ref 1.	Subject Code:			_	
		Approve *		Do not approve * [Please provide reasons below.]	
	D (:f)				
	Remarks (if any):	_			
		_		_	
		_			
	Signature:			Name:	
	Office:			Date:	
	G.11.001				
Ref 2.	Subject Code:			_	
		Approve *		Do not approve * [Please provide reasons below.]	
	Remarks (if any):		<u> </u>		
	Remarks (II ally).				
	Signature:			Name:	
	Office:			Date:	
	011100.				

* Please tick as appropriate.