## 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

HK ID No:	Daytime Contact N	oYe	ear of study: Term:
Name in English:		Name in Chinese:	
Programme Enrolled:			
Preferred Method for Notification of Application Result:	By Fax: By Email: Please write clearly the Fax No. or the Email Address.		
COURSE(S) TO BE ADDED			
Course Code	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	Fitle	For Office Use Only
			APPROVED / NOT APPROVED
			APPROVED / NOT APPROVED
			APPROVED / NOT APPROVED
Student's Signature:		Hong Kong Institute of Educational Research:	
Date:		Date:	
NOTE: This form MUST be submitted to the Hong Kong Institute of Educational Research by FAX within the add/drop period. Submission beyond the add/drop period will <b>NOT</b> 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.			

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