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

2025/2026

LATE ADD/DROP FORM

Name in English: _____ (in Chinese): _____

Daytime Contact No.: _____ Year of Admission: _____

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 Title	**For Office Use Only**
		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

Please provide the reason if application is submitted after course commences.
Reason (Please enclose with supporting documents such as doctor's certificate, letter from principals, etc.):

Student's Signature:	Programme Co-Director / Programme Coordinator:
Date:	Date:

NOTE: Students 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: Mr. Zach Wong

For Office Use Only

Update computer record by: _____ Date : _____

Authenticated by: _____ Date : _____