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 I	Enrolled	d:						
Preferred Method for				☐ By Fax*:		_ □ By Email*:		
Notification of	of Appl	licatio	n R	esult:				
*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: Ms. Winnie Hui								
For Office \	Use Oi	nly						
Update computer record by:						Date :		
Authenticated by:						Date :		