Name/Thesis Title Amendment Form

Please use this form only if you wish to advise the University of a change of your name, or of special formatting features in the thesis title. Please return this form to:

Chow Yei Ching School of Graduate Studies  
(Research Degree and Professional Doctorate Programmes)  
City University of Hong Kong  
Tat Chee Avenue, Kowloon, Hong Kong  
[Fax No.: (852) 3442 0332; Email: sg@cityu.edu.hk]

Section 1  Amendment of Names (if applicable)

If there is a discrepancy between your name and the one printed on the letter, please complete this section and return this form together with a photocopy of your HKID Card, passport or Deed on Change of Name for verification. Copy of the supplementary document will be destroyed once the updating is completed.

Please update my name(s) as follows:

1. Chinese Name: ______________________________________________________
2. English Name: _____________________________________________________
   (in BLOCK letters)

Section 2  Correction of Thesis Title (if applicable)

For correction of typographical errors only, if any.

Please correct the thesis title as follows:

1. English: __________________________________________________________
2. Chinese: ________________________________________________________

Student Name: _______________________________  Department/School: __________________________

Student No.: _______________________________  Programme: ________________________________

Signature: _________________________________  Date: ________________________________

September 2016