香港城市大學
City University of Hong Kong

(02/2017)

Chow Yei Ching School of Graduate Studies
Taught Postgraduate Student Records Service Counter
4/F, Fong Yun-wah Building, Tat Chee Avenue
Tel No.: 3442-9014 Fax No.: 3442-0237
Email: tpenquir@cityu.edu.hk

Change of Personal Particulars

Please complete the appropriate part(s) and submit this application in-person to the SGS Taught Postgraduate Student Records Service Counter together with the original of relevant supporting documents for verification.

Student Name: _____ Student No. | | | | | | | | |

Programme of Study (Code and Title): _____

Mode of Attendance: FT/PT/Combined* Day-time Contact Phone No.: _____

Email Address: _____

I Change of Name

(Supporting documents e.g. Deed on Change of Name, HKID Card, passport, etc. required.)

Name in English | | | | | | | | | | | | | | | |
Surname

| | | | | | | | | | | | | | | | | | | | | | | | | |
First/Other Names

Name in Chinese | | | |

Chinese Commerical Codes | | | | | | | | | | | | | | | |

II Change of HKID/Passport No.

(Supporting documents required.)

HKID/Passport No.* : _____

III Change of Student Status

(Supporting documents e.g. student visa, employment visa, HKID Card, etc. required.)

Original Status: Holder of student visa/employment visa/dependant visa/others* (please specify) _____

New Status: _____ with effect from _____

I declare that the information given above is true and correct at the time of submission.

_____ _____
Signature of Student Date

(For Office Use Only)

Computer record updated by _____ on _____

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* Please delete where inappropriate

Use of Information: ***Information provided in this form will be treated as strictly confidential and will be used by the University for checking of records only.***