

Cross-institutional Course Registration Collaboration Scheme

For Office Use Student Number

- This form is to be used for application to attend courses in City University of Hong Kong under the Cross-institutional Course Registration Collaboration Scheme.
- The application has to be submitted to your own Department. Your home institution will forward the endorsed application to City University of Hong Kong.

I.	Personal Par	ticu	lars																	
	Full name in	Eng	glish	1																
	Surname																			
	Other Names																			
	Name in Chinese	(if a	ny)																	
	Chinese Characte	er Co	de (if	any))															
																		_		
	HKID/Passport*	No.																		
			-		<u> </u>															
	Gender	Da	te of	Birth	1					Ν	ation	ality								
		D	ay	Mo	onth	Y	ear													
	M/F																			
			1	1	1	T	1	1	T	-1		1	I	1	r					
	Correspondence																			
	Address																			
	Contact Telephor	ne No).																	
	E-mail																			
II.	Course(s) Ap	plie	ed F	or																

Attendance period:

please specify semester and academic year

Course Code	Course Title	Approval by CityU Dept/School			

* Please delete as appropriate

III. Endorsement by the Home Institution

I hereby endorse the student's application to take the above mentioned course(s) in City University of Hong Kong.

Signature:	 _
Name:	 _
Position:	 _
Institution:	 _

Departmental Chop

IV. Approval by City University of Hong Kong

I approve this application of taking the above stated course(s) in City University of Hong Kong.

Signature:			 	
Name:		 	 	
Position:			 	
Department/	School:			



Departmental Chop

V. Declaration by Student

- 1. I undertake to observe all Rules and Regulations for students set by City University of Hong Kong.
- 2. I certify that the information provided by me is complete and correct at the time of submission. I understand that false and misleading information may result in my enrolment being rescinded.
- 3. I understand that the personal data including the HKID card number, together with all subsequent record of my studies at the University, will form a permanent student record of the University. Such personal data will be used for all official documents and in correspondences with me. I note that the City University subscribes to the data protection principles as specified in the Personal Data (Privacy) Ordinance and complies with those principles regarding the use and disclosure of my personal data.
- 4. I understand that at the end of the semester, grades will be given to the course(s) I have taken and a transcript will be sent to my home institution.
- 5. Applicable to students with disability only: I attach herewith a duly completed 'Questionnaire for Students with Disabilities' downloaded from <u>http://www.cityu.edu.hk/arro/student_service/forms/arro_form_r18.pdf</u> and certify that the information provided is correct.

Signature of Student

Date

For ARRO Use	
Form received from Department by	Date:
Student record created by	Date:
Course registered by	Date: