

Course Add/Drop Form (SGS52B)

(for DBA students – College of Business)

Notes:

1. Requests to add/drop courses should be submitted to the College of Business **no later than the add/drop deadline (normally the first day of the second week of the course(s) offering semester)**. Late requests will not normally be processed.
2. FB8008D is the prerequisite of FB8009D and only those who are required to take 12 credit units (or 14 credit units for Cohort 2012 – 2015) of electives are allowed to take both FB8008D and FB8009D. Otherwise, participants can only take FB8008D as an elective.
3. Prior to registration in the course FB8008D or FB8009D, students are required to fill out a “Study Plan Form” for the course, which should be signed by both the student and the student’s mentor, or the person designated for supervising the course. The Study Plan Form should be submitted together with this Add/Drop Form for registration in the course. Please refer to the respective course syllabuses for details.
4. Lists of required/elective courses are available at: www.cityu.edu.hk/dba

Section A Student’s Particulars

Student Name: _____ Student No.: _____

Year of Study: _____ Contact Phone No.: _____

Section B Details of the Application

I would like to apply to add/drop the following course(s):

I. Course(s) to be dropped

| | Course Code | Course Title | Semester/Year | CUs |
|---|-------------|--------------|---------------|-----|
| 1 | | | | |
| 2 | | | | |

II. Course(s) to be added[#]

| | Course Code | Course Title | Semester/Year | CUs |
|---|-------------|--------------|---------------|-----|
| 1 | | | | |
| 2 | | | | |

[#] For courses FB8008D and FB8009D, students are required to submit this form together with the Study Plan Form on or before the add/drop deadline.

Signature of Student: _____ Date: _____

Please forward the form to the College of Business for approval.

Section C Decision of the Programme Director (*Please delete as appropriate)

I approve/do not approve* the above add/drop application.

Comments: _____

Signature: _____ Date: _____

Name: _____

***** Please forward the completed form to the Chow Yei Ching School of Graduate Studies. *****