## CITY UNIVERSITY OF HONG KONG

## Course Selection Form for Taking Course(s) Offered by CityUHK CLASS (Cross-institutional Course Enrolment Scheme)



- Students of The Hong Kong University of Science and Technology (HKUST) who wish to take specified courses offered by the College of Liberal Arts and Social Sciences (CLASS) of City University of Hong Kong (CityUHK) must provide the personal particulars as required for course registration and student record purpose.
- The application has to be endorsed by the Academy of Interdisciplinary Studies (AIS) of HKUST. AIS will forward the endorsed application to CLASS.

## 1. Personal Particulars

Name (English) *:		Date of Birth	
		(D/M/Y):	
Name (Chinese) *:		Gender:	
Hong Kong I.D. Card No. *:		Nationality:	
Correspondence Address:		I	<u> </u>
Contact Tel. No.:			
E-mail Address:			
* Name should be the same as that	shown in your HKID card. Plea	ase attach a copy of your HKID card	l.
2. Study Programme at I	HKUST		
Student ID:	Major:		Year of Study:
3. Course(s) planned to b	e taken at CityUHK#		

Attendance period: Semester A (Fall), 2024/25

Target number of course(s) to be taken<sup>+</sup>:

			Credits	For CLASS AU	
Priority	Course Code	Course Title		Decision	Name & Signature (with stamp)
				Approved / Not approved <sup>+</sup>	
				Approved / Not approved <sup>+</sup>	
				Approved / Not approved <sup>+</sup>	
				Approved / Not approved <sup>+</sup>	
				Approved / Not approved <sup>+</sup>	

- # Course availability is subject to confirmation.
  - Course registration is subject to the approval by the concerned department.
  - Students are responsible to make sure that there are no time clashes in their class schedule.
  - No make-up examination will be arranged if students admitted to a course and cannot sit for the examination. Students are advised to consider taking courses with assessments other than final examination.

<sup>&</sup>lt;sup>+</sup> please delete as appropriate

## 4. Endorsement by AIS, HKUST

☐ Sent to ARRO

Date:

I hereby endorse the student's application to take the above-mentioned course(s) in CityUHK. Signature Name Unit Date Departmental Chop 5. Declaration by Student 1. I undertake to observe all Rules and Regulations for students set by CityUHK. 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 I understand that false and misleading information may result in my enrolment being rescinded. 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 CityUHK 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. Signature of Student Date For CLASS Use Sent to ADMO Date: ☐ Assigned Student ID SID: