香 港 中 文 大 學
THE CHINESE UNIVERSITY OF HONG KONG
註 冊 及 考 試 組
Registration & Examinations Section
以其他科目符合書院通識要求申請表
APPLICATION FOR USING OTHER COURSE TO FULFIL COLLEGE GENERAL EDUCATION REQUIREMENT

姓名 〔英文〕
Name :〔in English〕 ______________________ 〔中文〕
〔in Chinese〕 ____________ 學號
Student I.D. No. : ____________

主修 / 課程
Major / Programme : ______________________ 課程編碼
(Programme Code: ________)

修業年
Year of Attendance : ________ 預期畢業年份/學期
Expected Year/Term of Graduation: ____________ 聯絡電話
Contact Tel. No.: ____________

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學生所屬書院
College affiliation :

☐ 崇基 Chung Chi ☐ 新亞 New Asia ☐ 聯合 United ☐ 逸夫 Shaw

☐ 晨興 Morningside ☐ 善衡 S.H. Ho ☐ 敬文 C.W. Chu ☐ 伍宜孫 Wu Yee Sun ☐ 和聲 Lee Woo Sing

擬申請免修之書院通識科目 (如適用)
College General Education Course to be substituted (if applicable)

科目編號
Course Code : ____________ 科目名稱
Course Title : ______________________ 學分
Unit(s) : ________

以上科目由下列科目代替
The above course to be substituted by the following course :

科目編號
Course Code : ____________ 科目名稱
Course Title : ______________________ 學分
Unit(s) : ________

修讀學期
Course Taken at : ______________________ 成績
Grade : ______________________

原因
Reason(s) : ____

____

簽署
Signature : ______________________ 日期
Date : ______________________

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收集個人資料聲明

1. 此表格所收集的資料將用以處理有關的申請，所提供的資料於無需保留時將全部銷毀。
2. 本表格所收集的資料或會轉交香港中文大學其他行政或教學部門作考慮或批核用。
3. 如在遞交此表格後要查閱或改正個人資料，請聯絡註冊及考試組：(電話：3943 9888、傳真：2603 5129、電郵：ugadmin@cuhk.edu.hk)

Personal Information Collection Statement

1. The personal data provided on this form will be used by the Registration & Examinations Section for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
2. Information provided on this form may be transferred to other departments/ administrative units within CUHK for consideration and granting approval, where applicable.
3. For correction of or access to the personal data after submission of this form, please contact the Registration & Examinations Section: (Tel. No.: 3943 9888, Fax No.: 2603 5129, e-mail address: ugadmin@cuhk.edu.hk)

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Approval by College General Education Office ***(Please tick as appropriate)***

☐ Approved

☐ Not Approved

______________________________ ____________

Signature of Dean of College General Education/
Chairperson of Committee on General Education

Date
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