

The Hong Kong University of Science and Technology Academic Registry Application for Double Registration

Notes

- 1. Students should obtain prior approval from the University if they wish to register concurrently for another program at this University or at another post-secondary institution.
- 2. If a student is required to withdraw from the University as a result of disapproval of double registration, tuition fee paid is normally NOT refundable.

Application Procedures

- 1. Students who wish to apply for double registration should complete Sections I IV (where appropriate) below, and submit the form with appropriate documentary evidence to the Academic Registry.
- 2. Students will be notified of the result of the application by the Academic Registry.

Student Name: (In English)		<u>ent Parti</u>																		1			1		
Contact Phone No.: Declaration on Double Registration [Completion of Section III is NOT required if you tick item (i) or (ii)] i) I am not currently registered at any other institution (documentary evidence is attached) ii) I am currently registered at	In En											_ S	tude	nt N	o.:										
Declaration on Double Registration	Progra	am of Stud	y: _							- Y	Year	r of S	Study	<i>7</i> :		A	cad	emi	c Lo	oad :		FT]	P 7
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but intend to withdraw from it immediately (documentary evidence is attached) iii) I wish to apply for double registration at this University iv) I wish to apply for double registration at another institution I. Program/Course to be Double Registered at HKUST or Another Educational Institution Name of Institution: Program / Course: Academic Load: FT PT Date of Commencement: Duration of Program / Course:					_	_			-														n stitu	tion	•)
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Expected Date of Completion :	- ur ut	cted Date o	f Con	pleti	on:																				
Total Hours of Attendance per Week :		Hours of A	ttend	ance	per V	Veek	:																		
Reason for double registration: (use a separate sheet of paper if necessary)	Expec			aistr	tion:	(use	a sepai	rate	she	eet o	of p	aner	if neo	cesso	arv)										
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(a)	I hereby declare that all the information	mation given above is t	rue and correct to	the best of my know	wledge.								
(b)	I am currently granted financial assistance or studentship YES NO												
	If yes, the studentship is granted	from HKSAR	HKUST	Other Instit	ution								
	Please state the details :												
	Signatu	re of Student		Dat	te								
Personal l	Information Collection Statement												
supply ii) The pe iii) For ac Office	ersonal data provided in this form will be the required data on this form. Your appliersonal data collected may be provided to moves or correction of the personal data after address: Academic Registry, Room 15 www.ust.hk/privacy-policy.	ication may be delayed or m najor departments/ schools, of fter submission of this form	ay not be considered if or relevant administrati , please contact the A	the data submitted are it ve offices for the above Academic Registrar (em	ncomplete. mentioned purposes. ail: arprog@ust.hk,								
V. Re	commendation of Program D	<u>epartment</u>											
Do	uble registration is recomme	ended not recor	nmended										
	C' t CHC / DC		None		Ditt								
	Signature of UG / PG Coordinator / Program Direc	etor	Name		Date								
V. Ac	ademic Registry Use Only												
v. <u>Ac</u>	adeline Registry Use Only												
	Result Received On	Student No	tified	Computer Record Updated									
		by	on	by	on								
Re	emarks :												

IV. <u>Declaration</u>