



**The Hong Kong University of Science and Technology**  
**Academic Registry**  
**Application for Program Transfer**  
*( for Undergraduate Students )*

**Notes**

1. Application for program transfer should be submitted before the term the transfer takes effect.
2. Normally, a transfer will NOT be effected until the following regular term.
3. If a transfer is approved, the transfer-in department/ School will determine which credits from the student's former program apply to the new program.

**Application Procedures**

1. Undergraduate students may apply for program transfer by completing Sections I and II below, and submit the form to the transfer-in department/ School for approval.
2. Students will be notified of the result of the application by the Academic Registry.

**I. Student Particulars**

Student Name : \_\_\_\_\_ Student No. : 

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*(In English)*

Program of Study : \_\_\_\_\_ Year of Study : 

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Contact Phone No. : \_\_\_\_\_

**II. Application Details**

Program to be Transferred to : \_\_\_\_\_ Option : \_\_\_\_\_  
*(e.g. BBA (ECON)) (where applicable)*

Year of Study : 

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Reasons for Transfer : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

**Personal Information Collection Statement**

- i) The personal data provided in this form will be used for checking of records and processing this application only. It is obligatory for you to supply the required data on this form. Your application may be delayed or may not be considered if the data submitted are incomplete.
- ii) The personal data collected may be provided to major departments/ schools, or relevant administrative offices for the above mentioned purposes.
- iii) For access or correction of the personal data after submission of this form, please contact the Academic Registrar (email: arprog@ust.hk, Office address: Academic Registry, Room 1381, Academic Building, HKUST). For the University's Privacy Policy, please refer to <http://www.ust.hk/privacy-policy>.

### III. Decision of Transfer-in Program Department/ School

The application is ☐ approved ☐ not approved

Effective Term : \_\_\_\_\_ Term, 20\_\_\_\_ - 20\_\_\_\_

*[The approval should be effective in the following term unless under special circumstances]*

Year of Study upon Transfer : Year ☐ 1 ☐ 2 ☐ 3 ☐ 4  
*[Please tick as appropriate]*

_____ Signature of UG Coordinator / Program Director	_____ Name	_____ Date
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_____ * Signature of Dean or Dean's Designate	_____ Name	_____ Date
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*\* Applicable to school based programs or programs in School of Business and Management/ application is submitted in the middle of a term requesting for the transfer to take immediate effect.*

### IV. Academic Registry Use Only

Result Received On	Student Notified		Computer Record Updated	
	by	on	by	on
Remarks :				