















## Application for Cross-institutional Course/Subject Enrolment for Research Postgraduate Students

| Notes t | o ap | plica | ınts: |
|---------|------|-------|-------|
|---------|------|-------|-------|

- Please refer to the webpage of the course/subject offering institution for the respective notes.

  Please submit the completed form to the Graduate School/Registry/Research Office of your home institution for endorsement.

|     | Personal Particul                             | ars   |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|-----|---|-------|-------|----------|-------|----------|----------|-------|-------------------|-------|----------|-------|-------|-------|----------|--------|-------|---|-------|----------|----------|-------------|----------|--------|--------|----------|-----------|
|     | Name in English (in                           | blo   | ck le | etter    | s; pl | ease     | use      | the   | nan               | ne as | s stat   | ed i  | n yo  | ur H  | IKII     | ) car  | rd)   |   |       |          |          |             |          |        |        |          |           |
|     | Surname:                                      |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|     | Given Names:                                  |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|     | Name in Chinese:                              |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       | Tit      | le:      | Dr.         | /M       | r./N   | liss/  | Mrs      | ./Ms. *   |
|     | C.C. Code in HKID:                            |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       | Se       | x:       | M           | ale      | /Fer   | nale   | *        |           |
|     | Date of Birth :                               |       |       |          |       |          |          |       |                   |       |          |       |       | HK    | ID ì     | No.:   |       |   |       |          |          |             |          |        |        | (        | )         |
|     |   |       | (dd   | / mr     | n/y   | ууу)     |          |       |                   |       |          |       |       |       | _        |        | -     |   |       |          |          |             |          |        |        | <u>-</u> |           |
|     | Place of Birth:                               |       |       |          |       |          |          |       |                   | -     | Plac     | ce of | Le    | gal N | Vatio    | onali  | ity:  |   |       |          |          |             |          |        |        |          |           |
|     | Place of Legal Right                          | of l  | Pern  | nane     | ent R | Resid    | lenc     | e:    |                   |       |          |       |       |       |          |        |       |   |       |          |          |             | _        |        |        |          | <b>=</b>  |
|     | Correspondence Add                            | dres  | s:    |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             | 1        |        |        | 4        | _         |
|     |   |       |       |          |       |          |          |       |                   |       | 1        |       |       |       |          |        |       |   |       | -        | +        |             |          | +      | +      | +        | _         |
|     |   |       |       |          |       |          |          |       | <u> </u>          | 1     | <u> </u> |       |       |       |          |        |       | <u>                                      </u> |       | <u> </u> | <u> </u> | <u> </u>    | <u> </u> | +      | +      | <u> </u> | $\exists$ |
|     | Tel. No.:                                     |       |       | (Of      | fice) |          |          |       |                   |       |          |       | (Mo   | bile) |          |        |       | j   |       |          |          | (H          | om       | e)     |        |          |           |
|     | Fax No.:                                      |       |       | (01      |       |          |          |       | 1                 |       |          |       | (1.10 | 0110) |          |        |       |   |       |          |          | (           |          | -,     |        |          |           |
|     | Email Address:                                |       |       |          |       |          |          |       | J<br>T            |       |          |       |       |       |          |        |       |   | I     | T        | T        | I           | Τ        | T      |        | $\top$   | 7         |
|     | Emergency Contact                             | Pers  | son:  | <u> </u> |       | <u> </u> | <u> </u> |       | <u> </u>          | l     |          |       |       |       | <u> </u> | Tel    | . No  | ).:   |       |          |          | 1           |          |        |        |          |           |
|     | Home Institution:                             |       |       | ong      | Bar   | otist    | Uni      | vers  | ity               |       |          |       |       |       | •        |        |       |   |       |          |          |             |          |        |        |          | _         |
|     | Department:                                   |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|     | Field of Study:                               |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|     | Supervisor(s):                                |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|     | Student No.:                                  |       |       |          |       |          |          |       |                   |       |          | Deg   | ree   | Prog  | gran     | nme    | Cur   | rent  | ly E  | nrol     | led i    | n:          |          | PhD    | )/M    | Phil     | *         |
|     | Year of Study:                                |       |       |          |       |          |          |       |                   |       | _        | Mod   | de o  | f Stu | ıdy:     |        |       |   | Fu    | ll-ti    | me/I     | art-        | tin      | ne *   |        |          |           |
|     | * Please delete as approp                     | riate | ٠.    |          |       |          |          |       |                   |       | =        |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|     |   |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
| l.  | Courses/Subjects                              | s Ap  | opli  | ed F     | or    |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|     | Academic Year:                                |       |       |          |       |          |          |       |                   |       | -        |       | Sen   | neste | er/T     | erm:   |       |   |       |          |          |             |          |        |        |          |           |
|     | Ref No. Course/Subj                           | ject  | Off   | erin     | g Ins | stitut   | tion     | C     | ours              | e/Su  | bjec     | t Co  | de    |       |          |        |       | Coı   | urse  | /Sub     | ject     | Titl        | e        |        |        |          |           |
|     | 1   |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|     | 2   |       |       |          |       |          |          |       |                   |       |          |       |       |       |          |        |       |   |       |          |          |             |          |        |        |          |           |
|     | [Please provide approp                        | riat  | e do  | cum      | ont(s | () to    | sunn     | ort t | he a              | nnlic | ation    | if th | o al  | ove   | cuhi     | octs l | hava  | nre   | - or  | co-r     | onuis    | ito r       | emi      | iiron  | 10nt   | s 1      |           |
| II. | Student's Declara                             |       |       | Cum      | 0111  | ,        | щрр      | 0111  | re a <sub>j</sub> | ppiic | unon     | , y u | ic ue |       | suoj     |        |       | Pic   | 0.    |          | quis     |             | o qu     |        |        | ,•,j     |           |
|     | I declare that the infe                       |       |       | n oiv    | zen i | in su    | inno     | rt of | thic              | sanr  | dica     | tion  | is a  | cent  | ate s    | and a  | nom   | nlet  | e I   | und      | erst     | and         | the      | f un   | on     |          |           |
|     | successful application                        | n, n  | ny d  | ata v    | will  | beco     | ome      | part  | of t              | he s  | tude     | nt re | core  | d and | d ma     | ay be  | e us  | ed f  | or al | l pu     | rpos     | es a        | s p      | resc   | ribe   | d        |           |
|     | under relevant rules<br>correction of my pers |       | _     |          |       |          |          |       |                   | -     |          | _     | -     |       |          |        |       |   |       |          | _        |             |          |        |        |          |           |
|     | destroyed.                                    |       | 40    |          | 111   | ., up    | PIIC     |       | 10                | U     |          | JIUI  | ,     | . 101 | (11      | .u ul  | 111   | - ou  | r PO  | 12       | , բաբ    | <b>U</b> 10 | ** 11    |        |        |          |           |
|     | I understand that a re                        | 300*  | d of  | my       | cour  | rce/c    | mbia     | act r | AC111             | t(c)  | cz/i11   | he s  | ant t | 0 m   | v bo     | me i   | ineti | tuti  | on o  | nd h     | orak     | w or        | ıth.     | oriz   | s the  |          |           |
|     | course/subject offeri                         |       |       |          |       |          | -        |       |                   |       |          |       |       |       |          |        |       |   |       |          | ici et   | y at        | 11110    | JI IZ( | . tiit | ,        |           |
|     | Student's Signature:                          |       |       |          |       |          |          |       |                   |       |          |       |       |       |          | Dat    |       |   |       |          |          |             |          |        |        |          |           |

|              | Eı                               | dorse *                    |              | Do not endorse *   |
|--------------|----------------------------------|----------------------------|--------------|--|
| Remarks      | (if any):                        |                            |              |  |
|              |                                  |                            |              |  |
|              |                                  |                            |              |  |
|              |                                  |                            |              |  |
| Signature    | e:                               |                            |              | _  |
| Name:        |                                  |                            |              |  |
| Office:      | Graduate S                       | School, Hong Kong Baptist  | t University |  |
| Date:        |                                  |                            |              | (Official stamp of responsible office of home institution) |
| * Please tic | ck as appropriate.               |                            |              |  |
|              |                                  | bject Offering Institution | on           |  |
|              |                                  | bject Offering institution | OII          |  |
| Ref 1.       | Subject Code:                    |                            |              | _  |
|              |                                  |                            |              |  |
|              |                                  | Approve *                  |              | Do not approve * [Please provide reasons be                |
|              | Remarks (if any):                | Approve *                  |              | Do not approve * [Please provide reasons be                |
|              | Remarks (if any):                | Approve *                  |              | Do not approve * [Please provide reasons be                |
|              | Remarks (if any):                | Approve *                  |              | Do not approve * [Please provide reasons be                |
|              | Remarks (if any):                | Approve *                  |              | Do not approve * [Please provide reasons be                |
|              | Remarks (if any): Signature:     | Approve *                  |              | Do not approve * [Please provide reasons be                |
|              |                                  | Approve *                  |              | Name:  |
|              | Signature:                       | Approve *                  |              | Name:  |
| Ref 2.       | Signature:                       | Approve *                  |              | Name:  |
| Ref 2.       | Signature: Office:               | Approve *                  |              | Name:  |
| Ref 2.       | Signature: Office: Subject Code: | Approve *                  |              | Name:  Date:  Do not approve * [Please provide reasons be  |
| Ref 2.       | Signature: Office:               | Approve *                  |              | Name:  |
| Ref 2.       | Signature: Office: Subject Code: | Approve *                  |              | Name:  Date:  Do not approve * [Please provide reasons be  |
| Ref 2.       | Signature: Office: Subject Code: | Approve *                  |              | Name:  Date:  Do not approve * [Please provide reasons be  |
| Ref 2.       | Signature: Office: Subject Code: | Approve *                  |              | Name:  Date:  Do not approve * [Please provide reasons be  |

<sup>\*</sup> Please tick as appropriate.