

THE CHINESE UNIVERSITY OF HONG KONG

Course Selection Form for Taking Course Offered by APRU Virtual Student Exchange Program

[1st term 2020-21]

Notes

- 1) Please return the completed form to the Office of Academic Links at alexchaukw@cuhk.edu.hk for approval by relevant parties.
- 2) Student should observe his/her maximum course load at CUHK when selecting the credit-bearing course offered by APRU Virtual Student Exchange Program. The total number of course units registered at CUHK and through APRU Virtual Student Exchange Program should not exceed the maximum course load per term at CUHK.
- 3) Student should apply for course and unit exemption on his/her own through CUSIS following the stated procedures and requirements, if applicable.

(To be completed by student)

Student Name: _____

Student ID Number: _____

Major at CUHK: _____

Year of Attendance: _____

Contact Tel. No./Mobile Phone: _____

Email Address of CUHK: _____

Course to be Taken				
Course Offering Institution	Course Code and Title	Unit#	Timetable (if applicable) (e.g. Mon & Wed, 1230-1415)	Time Zone

#Subject to course load limit according to the Regulations of the Chinese University of Hong Kong.

Reasons for taking the above course: _____

I, the undersigned, have read, understood and agreed with the information as mentioned in the above notes.

Signature of Student: _____ **Date:** _____

Personal Information Collection Statement:

1. The personal data provided on this form will be held by the Office of Academic Links of CUHK for the purposes of record keeping.
2. For correction of or access to the personal data, please contact the Office of Academic Links of CUHK by email to iasp@cuhk.edu.hk.
3. Data collected from or generated by students during their studies at CUHK may be held by/transferred to any department/administrative units within CUHK as management information to facilitate verifications, communication, operations and planning.

For the use of Major Department/Programme Office	
Approval by Major Department/Programme	
I approve the student's course selection.	
_____ Signature of Department Chairman/Programme Co-ordinator	_____ Date