

## Application Form for the English Certificate of Enrollment

|  |  |            |  |
|--|--|------------|--|
| Student ID NO.   |  | Department |  |
| Telephone  |  | Program    | <input type="checkbox"/> Four-year undergraduate<br><input type="checkbox"/> Master<br><input type="checkbox"/> Doctor |
| Chinese Name(if available)   |  |            |  |
|  |  |            |  |
| English Name (as on the passport)  |  |            |  |
| Date of Birth  | _____ (year) _____ (month) _____ (day) |            |  |
| Date of Registration   | _____ (year) _____ (month)             |            |  |
| Year of Study  |  |            |  |
| Notes:<br>1. Please complete filling in this form and hand it to the Registration Division.<br>2. Please collect your item with your ID within 10 days. We are not liable to keep the item for you.<br>3. If you are applying by post, please enclose with a self-addressed envelope and stamps of appropriate amount for mailing. |  |            |  |
| Applicant's Signature  |  | Date       | _____ (y) _____ (m) _____ (d)  |
| Signature of Verifying Personnel   |  | Registrar  | Approval of Authorized Representative  |
| Receiver's Signature   |  | Date       | _____ (y) _____ (m) _____ (d)  |