

Graduation Certificate Collection Form

Collect your certificate in person - please fill in Section A.

Authorize a representative to collect the certificate on your behalf - please fill in both Sections A and B.

(The personal data of the graduate or the representative will be used for collection of the certificate and record purpose only. This form and copy of the graduate's/representative's ID document will be kept in the Graduate School. For correction of or access to the personal data after submission of this form, please contact the Graduate School at 755-8427 3901, or email to gs@cuhk.edu.hk.)

Section A: Personal data of the graduate

Name (in Chinese): _____ Name (in English): _____

Student ID No.: _____ ID Card/
Other Identity No.: _____

Degree: _____ Programme: _____

Year of Graduation: _____

Section B: Letter of Authorization

(ATTENTION: Please bring along the copy of ID document of the graduate for verification)

I (the Graduate) hereby authorize the following person to collect my graduation certificate on my behalf:

Personal data of my representative

Name (in Chinese): _____ Name (in English): _____

Name of ID Document of Representative: _____ ID Document No. of Representative: _____

Signature of Graduate: _____ Date: _____

Acknowledgement of receipt of the graduation certificate

This is to acknowledge receipt of the graduation certificate.

Signature of Graduate/Representative: _____ Date: _____

For Office of the Graduate School use only

Staff: _____ Date: _____

领取学位证书申请表

亲自领取，只须填写甲部。授权他人代领，则请填写甲、乙两部。

(毕业生及代领人所提供之个人资料，只会用作领取毕业证书及记录用途。研究生院将保存本表格及授权人的身份证明文件副本。如欲查阅及改正表格上所填报的个人资料，请与研究生院联络，电话 86-755-8427 3901，[电邮 pgs@cuhk.edu.cn](mailto:pgs@cuhk.edu.cn)。)

甲部：毕业生资料

姓名(中文): _____ 姓名(英文): _____

学号: _____ 身份证件名称与号码*: _____

学位: _____ 课程: _____

毕业年份: _____

*如学生没有居民身份证，请提供香港中文大学（深圳）校园卡或印有学生记录相符的姓名及出生日期的护照或身份证明文件，以供核实身份。

乙部：代领学位证书授权书 (注意：请自备毕业生的身份证明文件副本及代领人的身份证明原件及副本以供核实身份)

本人(毕业生)现授权下述人士，代领本人之毕业证书：代领人资料

姓名(中文): _____ 姓名(英文): _____

代领人身份
证明文件名称: _____ 代领人身份证明
文件号码: _____

毕业生签署: _____ 日期: _____

签署领取证书

兹确认已收妥有关毕业证书。 毕业

生 / 代领人签署: _____ 日期: _____

研究生院办公室专用

职员: _____ 日期: _____