

香港中文大学（深圳）  
**THE CHINESE UNIVERSITY OF HONG KONG, SHENZHEN**  
 研究生院  
**THE GRADUATE SCHOOL**  
 研究生延期入学申请表  
**GRADUATE STUDENT DEFERRED ADMISSION FORM**

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This form should be completed and returned to the Program Office before the registration deadline. Late application will NOT be accepted except with prior approval.

请在注册截止日前将本表格填写并交至课程办公室，延迟递交本表格需提前审批。

**I. Admission Record 入校记录**

School 学院	Programme 专业全称 [如: Master of Science in Finance 金融管理学硕士]
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**II. Personal Particulars 个人资料**

Surname (English) 姓 (英文)		Given Name (English) 名 (英文)	
Name (Chinese) 姓名 (中文)		Gender 性别	Date of Birth 出生日期 Day日/ Mth.月/ Yr.年
I.D. Card No.* 身份证号码*		Nationality 国籍: _____ Native Place 出生地: _____	
*Please complete the following if you do not possess an I.D.Card 如非身份证持有人员请填写以下护照信息			
Passport No. 护照号: _____ Issuing Country 签发国家: _____			
(A) Home Address and Telephone No. 现居住地址及联络电话: _____ _____			
Tel. No. 固定电话号码: _____ Mobile Tel. No. 移动电话号码: _____			
(B) Correspondence Address and Telephone No. (Please tick the appropriate box) 通讯地址及联络电话 (请在适当方框内填“√”): <input type="checkbox"/> Same as (A) 同上(A) <input type="checkbox"/> Please use the following as correspondence address 请使用以下联络地址: _____ _____			
Tel. No. 固定电话号码: _____ Mobile Tel. No. 移动电话号码: _____			

**III. Total Time and Reason(s) for the Deferment (months) if applicable 申请延迟的时间(月数) 若适用**

Original Admission Date 原来确定的入学时间	Day日/	Mth.月/	Yr.年
Expected Admission Date 现申请延迟到	Day日/	Mth.月/	Yr.年
Months Delayed 共计延迟	Months月		
Reason(s) for Deferred Admission (Any supporting document should be attached) 延迟入学的原因 (需详细陈述, 请附上说明文件)			

**IV. Important Information and Declaration 重要信息及声明**

The Chinese University of Hong Kong, Shenzhen as a data user undertakes to protect personal data and privacy of individuals, to ensure that personal data kept are accurate and secure in the collection, dissemination and management of the data collected from, or generated by, students during their studies at the University.

Data collected will be held/transferred to departments/administrative units within the University as management information to facilitate verifications, communication, operations and planning. For correction of or access to personal data held by the University, please contact the Program Office.

Students should comply with all the relevant University Regulations and take full responsibility for all activities in which they are engaged in relation to their academic studies and other non-academic activities at the University, as well as at other partner universities (where applicable for students who participate in exchange programs), e.g. course selection, internship, participation in orientation activities, etc. The University may sometimes need to contact the parent/guardian of the students in the event of an emergency or other special circumstances.

I have read the important information above in relation to my academic study at the University, and agree to comply with all the relevant University Regulations (available under the Postgraduate Student Handbook).

I understand and agree that in the event of an emergency or other special circumstances the University may contact my emergency contact person.

香港中文大学（深圳）作为数据用户承诺保障个人资料及个人隐私，以确保于学生就学期间大学所收集及保存的个人数据的准确性，以及于收集、传播到管理过程中的安全性。

收集到的数据将被传递到大学内部的管理部门，作为大学内部信息管理、验证、交流、运营和规划之用途。如欲更改或查询由本大学收集的资料，请联系相应的 Program Office。

学生应遵守大学所有相关法规并对他们在大学的学业和其他非学术类活动负全部责任，以及在其他伙伴大学（其中适用于交流计划的参与学生），例如选课、实习及参与活动等。大学可能需要在紧急或其他特殊的情况下联系学生的家长或监护人。

本人已经阅读上述与本人在大学的学业相关的重要信息，并同意遵守所有相关的大学条例（于研究生手册有规定）。

本人理解并同意，在发生紧急情况或其他特殊情况时学校可以联系我的紧急联络人。

Date 日期: \_\_\_\_\_

Signature 签名 \_\_\_\_\_

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**V. Approval / Recommendation by the Programme Director 课程主任签批**

Endorsed 批准     Not Endorsed 不批准

Remarks, if any: \_\_\_\_\_

Date: \_\_\_\_\_ [dd/mm/yy]      Signature/Post: \_\_\_\_\_ / \_\_\_\_\_

**VI. Approval / Recommendation by the Chairperson of the Graduate Panel 学院研究生事务委员会主席签批**

Endorsed 批准     Not Endorsed 不批准

Remarks, if any: \_\_\_\_\_

Date: \_\_\_\_\_ [dd/mm/yy]      Signature/Post: \_\_\_\_\_ / \_\_\_\_\_

**VII. Approval by the Dean of the Graduate School 研究生院院长批准**

Approved 同意     Not Approved 不同意

Remarks, if any: \_\_\_\_\_

Date: \_\_\_\_\_ [dd/mm/yy]      Signature/Post: \_\_\_\_\_ / \_\_\_\_\_

