

香港中文大学(深圳)
THE CHINESE UNIVERSITY OF HONG KONG, SHENZHEN
研究生院
THE GRADUATE SCHOOL
退学通知书
NOTICE OF WITHDRAWAL

本人决定于_____ (日期)起退学,特此通知。

I hereby inform you of my decision to withdraw from the University with effect from _____ (dd/mm/yy)

本人资料如下:

My personal particulars are listed below:

姓名(英文) _____ (中文) _____
Name: (in English) _____ (in Chinese) _____
学位/主修课程 Degree/Diploma/Certificate and Study Programme: _____

学号 Student ID No.: _____ 联络电话 Tel. No. : _____

学习类型 Time Basis: 全日制 Full-time 兼读制 Part-time

电子邮箱 E-mail: _____

你是否是博士奖学金计划受奖者 Are you an awardee of the PhD Scholarship Scheme? 是 Yes 否 No

你是否已注销校园卡 Have you cancelled the function of campus card?

是 Yes 否 No 我未曾领取我的学生卡 I have not collected my student card.

退学原因(请于下列选择一个最适合的原因):

Reason for Withdrawal (Please √ one most appropriate reason listed below):

- | | | |
|--|--|---|
| <input type="checkbox"/> 移民
Emigration | <input type="checkbox"/> 工作
Employment | <input type="checkbox"/> 经济/家庭原因
Financial and/or family reason(s) |
| <input type="checkbox"/> 健康原因
Health reason(s) | <input type="checkbox"/> 适应困难
Adjustment Problem(s) | |
| <input type="checkbox"/> 于其他院校继续升学
Continue/Apply study in another University | | |

大学或院校名称

国家(海外升学适用)

Name of University/Institution: _____

Country (for overseas study): _____

其他原因(请注明):

Other reasons (please specify): _____

签字

日期

Signature: _____

Date: _____

收集个人资料声明

1. 此表格所收集的数据将用作注册学生纪录事宜。所提供的数据于无需保留时将全部销毁。
2. 学生就读于香港中文大学(深圳)期间所申报或被收集的个人资料,均可由香港中文大学(深圳)各教学及行政部门持有、转告及用于审核、联络、行政及策划的用途。

Personal Information Collection Statement:

1. The personal data provided in this form will be used by the Graduate School for the purpose of processing this notice. All information provided, when no longer required, will be destroyed.
2. Information provided in this form may be transferred to other departments/administrative units within CUHK(SZ) for consideration and granting approval, where applicable.

Approval / Recommendation by the Programme Director/Advisor/Supervisor 课程主任或导师签批

Endorsed 批准 Not Endorsed 不批准

Remarks, if any: _____

Date: _____ [dd/mm/yy] Signature: _____

For Graduate Panel Use Only

To: Graduate School

The Graduate Panel has noted the withdrawal of the above-named student. Please process the withdrawal as request.

Remarks: _____

_____ Date

_____ Signature of Graduate Panel Head