### APPLICATION FOR SUSPENSION OF STUDIES

#### Note:
1. This form is not applicable for students who apply for suspension of studies due to exchange programme.
2. Please attach all necessary supporting documents. For students who join the internship programme, please submit a copy of the appointment letter from the institution concerned.
4. Students' expected graduation term will be extended accordingly if the application is approved.

<table>
<thead>
<tr>
<th>Name (in English)</th>
<th>(in Chinese)</th>
<th>Student I.D. No.</th>
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<tr>
<th>Major / Programme</th>
<th>Programme Code:</th>
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<tr>
<th>Year of Attendance</th>
<th>Expected Year/Term of Graduation</th>
<th>Contact Tel. No.</th>
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#### Suspension period:

- **1st term** (from 1 Aug to 31 Dec 2019)
- **2nd term** (from 1 Jan to 31 Jul 2020)
- **1 year** (from 1 Aug 2019 to 31 Jul 2020)
- **1 year** (from 1 Jan to 31 Dec 2020)

#### Reason(s):

- Internship
- Other reason(s)

#### Signature:

Signature: ___________________________  Date: __________

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**Personal Information Collection Statement**

1. The personal data provided on this form will be used for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
2. Information provided on this form may be transferred to other departments/administrative units within CUHK for consideration and granting approval, where applicable.
3. For correction of or access to the personal data after submission of this form, please contact the Registration and Examinations Section:

(Tel.: 3943 9888, Fax No.: 2603 5129, e-mail address: ugadmin@cuhk.edu.hk)

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**For the use of Major Programme Office (please tick as appropriate)**

- The student should approach the Academic Advisor, and return this form after the meeting with the Academic Advisor.
- The student does not need to meet with the Academic Advisor for this application.

Signature of Academic Advisor, after the Meeting | Date
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| | |

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**Endorsement by Major Department/Programme**

I endorse / do not endorse the student's application.

Signature of Dept. Chairman/Programme Co-ordinator | Date
---|---
| | |