香 港 中 文 大 學
THE CHINESE UNIVERSITY OF HONG KONG
教 務 處 註 冊 及 考 試 組
Registration and Examinations Section, Registry

加/退選本科課程科目申請表
COURSE ADD/ DROP FORM FOR UNDERGRADUATE COURSE

上學期
1st term
2026-27

注意事項：
Note :

同學**必須**將申請表交到開設學科之學系。此申請表只適用以下情況: 科目有加選或退選規定、不符合修讀條件，及於網上改選期過後仍未符合學分要求或未能完成畢業要求。

Student **MUST** submit this application form to the course offering department. This form is applicable for the following situations: class with 'Add Consent' or 'Drop Consent', do not fulfill enrolment rules, and after the close of e-add/drop; to comply with course load requirement and to fulfill graduation requirements.

姓名 〔英文〕 Name :〔in English〕 _____ 〔中文〕〔in Chinese〕 _____ 學號 Student I.D. No. : _____

主修 / 課程 Major / Programme : _____ 入學年度 Year of Admission : _____ 聯絡電話 Contact Tel. No. : _____

擬加選之科目
Course Intended to Add

科目編號 Course Code : _____ 學分 Unit(s) : _____

科目名稱 Course Title : _____

加選原因 Reason for Add : _____

擬退選之科目
Course Intended to Drop

科目編號 Course Code : _____ 學分 Unit(s) : _____

科目名稱 Course Title : _____

退選原因 Reason for Drop : _____

簽署 Signature : _____ 日期 Date : _____

收集個人資料聲明
1. 此表格所收集的資料將用以處理有關的申請，所提供的資料於無需保留時將全部銷毀。
2. 本表格所收集的資料或會轉交香港中文大學其他行政或教學部門作考慮或批核之用。
3. 如在遞交此表格後需查閱或改正個人資料，請聯絡註冊及考試組：電話：3943 9888、電郵：ugadmin@cuhk.edu.hk

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 will be destroyed when no longer required.
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. No.: 3943 9888, E-mail: ugadmin@cuhk.edu.hk

For office use only

Note: This application form is to be kept by the course offering department/ school/ unit, and department/ school/ unit should use "quick enrol" system function to add or drop the course for the student.

Approval by the Course Offering Department / School / Unit

I *approve / do not approve the student's application.

_____ Signature of Dept. Chairman / School or Programme Director / Programme Co-ordinator

_____ Date

* Please delete as appropriate