

5. Education Background 教育程度

Please attach copies of transcripts. 請附上學業成績單副本。

From (Month/Year) 由 (月/年)	To (Month/Year) 至 (月/年)	Name of School / Institution 學校/院校名稱	Programme of Study 課程名稱	Qualification Attained and Date of Award 考獲資格及日期

6. Other Qualifications 其他資歷

Please attach copies of supporting documents. 請附上證明文件副本。

Name of Awarding Institution and Country 機構名稱及國家	Title of Qualification 資歷	Date of Award 考獲資格及日期

7. Full-time Work Experience 全職工作經驗

From (Month/Year) 由 (月/年)	To (Month/Year) 至 (月/年)	Name of Organization 機構名稱	Department/Section 工作部門	Post 職位

8. Declaration 聲明

- I declare that all information given in this enrolment form and the attached documents is, to the best of my knowledge, accurate and complete. 本人聲明本報名表格及隨附文件所載資料，依本人所知均屬真確，並無錯漏。
- I am fully aware that fees paid are non-refundable unless otherwise stated (see note 9 (i) below). 除特別情況外(請參閱注釋 9(i))，本人明白所繳之學費將不獲退還。

Signature of Applicant: _____ Date: _____
申請人簽名 日期

9. Notes 注釋

- Refund of Tuition Fees 學費退還**
Fees paid are not refundable, except in the event of a programme being cancelled or fully enrolled.
非因課程取消或滿額，申請人所繳付之學費將不獲退回。
- Cancellation of Programme 課程取消**
The Centre for Lifelong Learning reserves the right to cancel a programme if it is under-enrolled.
如報讀人數不足，本院有取消課程之權利。

Please return the completed application form, together with relevant documents and a crossed cheque payable to "UOW College Hong Kong" to the following address: UOW College Hong Kong/Community College of City University, Rm 6104, 6/F, Li Dak Sum Yip Yio Chin Academic Building, Tat Chee Avenue, Kowloon Tong.

請將填妥之表格、所需文件及劃線支票(抬頭: UOW College Hong Kong)交回香港伍倫貢學院/香港城市大學專上學院，九龍塘達之路李達三葉耀珍學術樓 6 樓 6104 室。