Application Form for the English Certificate of Enrollment

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| Student ID NO. |  | Department |  |
| Telephone |  | Program | □ Four-year undergraduate□ Master□ Doctor |
| Chinese Name(if available) |
|  |
| English Name (as on the passport) |  |
| Date of Birth |  (year) (month) (day) |
| Date of Registration |  (year) (month) |
| Year of Study |  |
| Notes:1. Please complete filling in this form and hand it to the Registration Division.2. Please collect your item with your ID within 10 days. We are not liable to keep the item for you.3. If you are applying by post, please enclose with a self-addressed envelope and stamps of appropriate amount for mailing. |
| Applicant’s Signature |  | Date | \_\_\_\_\_\_(y) \_\_\_\_\_ (m) \_\_\_\_\_(d) |
| Signature of Verifying Personnel |  | Registrar | Approvalof Authorized Representative |
| Receiver’s Signature |  | Date | \_\_\_\_\_\_(y) \_\_\_\_\_ (m) \_\_\_\_\_(d) |

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