

應用學習課程 – 轉班申請表

Applied Learning Course – Application Form for Change of Class

申請須知 Important Notes

- 學生必須獲得所屬中學的應用學習課程負責老師之同意，方可提交轉班申請予嶺南大學持續進修學院（學院）。
Student is required to obtain the endorsement of the Applied Learning Course Teacher-in-charge prior to submission of the application to Lingnan Institute of Further Education (LIFE).
- 填妥之申請表連同證明文件需投放在設於嶺南大學劉仲謙樓 304 室外之收件箱 (J11) 內，或電郵至 apl@LN.edu.hk (電郵主旨：轉班申請)。
The completed application form **along with documentary proof** should be submitted to **the dropbox (J11) outside Room 304, Lau Chung Him Building, Lingnan University, or sent to apl@LN.edu.hk (Email Subject: Application for Change of Class).**
- 學院將於收到填妥之申請表及證明文件的七個工作天後，通知所屬中學應用學習課程負責老師有關申請結果。
LIFE will inform the Applied Learning Course Teacher-in-charge of the application result **after 7 working days** upon receipt of the completed application form and documentary proof.
- 如有查詢，請致電 2616-7293 與嶺南大學持續進修學院應用學習組聯絡。
For enquiry, please contact the Applied Learning Team of LIFE at 2616-7293.

(I) 學生個人資料 Student's Particulars (必須與香港身份證 / 護照相同 As stated on HKID Card / Passport)

英文姓名 (姓氏先行)

Name in English (Surname first) _____

中文姓名

Name in Chinese _____

身份證 / 護照號碼 *

HKID / Passport No.* _____

電郵地址

Email Address _____

聯絡電話

Contact No. _____

中學名稱

School Name _____

班別

Class _____

(II) 轉班詳情 Details for Change of Class

由班別

From Class _____

轉至班別

To Class _____

申請轉班原因 (填妥之申請表需連同證明文件一併提交)

Reason(s) of Request for Change of Class (Please submit the completed application form along with documentary proof)

(III) 簽署 Signature

所屬中學的應用學習課程負責老師 Applied Learning Teacher-in-charge

姓名 Name _____ 簽署 Signature _____ 日期 Date _____

學生 Student

簽署 Signature _____ 日期 Date _____

(IV) 由學院填寫 For Office Use Only

申請結果 Application Result

獲批准 Approved

不獲批准 Not Approved

課程統籌 (應用學習課程) 簽署

Signature of Programme Coordinator (ApL Programmes)

日期

Date