嶺南大學持續進修學院
LINGNAN INSTITUTE OF FURTHER EDUCATION

由學院填寫 For Office Use Only

☐ Copy of relevant certificates/documents received

Date: _____

Handled by: _____

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

(1) 同學申請轉班時必須通知所屬中學的應用學習課程負責老師，並獲得老師同意方可申請轉班。
Student is required to obtain the endorsement of the Applied Learning Course Teacher-in-charge prior to submission of the application form to Lingnan Institute of Further Education.

(2) 填妥之申請表格需投放在設於**嶺南大學劉仲謙樓 304 室外之收件箱（J11）內**，以處理閣下之申請。
The completed application form should be submitted to **the dropbox (J11) outside Room 304, Lau Chung Him Building, Lingnan University**.

(3) 學院會於收到填妥之申請表格的**七個工作天後**，將申請結果通知所屬中學應用學習課程負責老師。
The Institute will inform the Applied Learning Course Teacher-in-charge after 7 working days upon receipt of the application.

(4) 如有疑問，請致電 2616-7293 與我們聯絡。
For enquiry, please contact us at 2616-7293.

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

英文姓名 Name in English
(姓氏先行 Surname first) _____

中文姓名 Name in Chinese _____ 性別 Gender 男 / 女*
Male / Female*

聯絡電話 Contact No. _____ 身份證/護照號碼* HKID/Passport No.* _____

中學名稱 School Name _____ 班別 School Class _____

II) 轉班申請 Details for the Change

由班別 From Class _____ 轉至班別 To Class _____

申請轉班原因 Reason(s) of request for class change

（如有任何證明文件，請連同表格一併繳交 Please provide documentary proof, if any, along with the application form）

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

所屬中學的應用學習課程負責老師簽署 日期
Signature of Applied Learning Teacher-in-charge _____ Date _____

申請人簽署 日期
Signature of Applicant _____ Date _____

III) 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 (Applied Learning Programmes)

日期 Date

*請刪去不適用者 Please delete where inappropriate