

**Section A Student's Particulars** 

Student Name:

Department of Linguistics and Translation City University of Hong Kong

Room LI-5470, Lift 5, Li Dak Sum Yip Yio Chin Academic Building

Tel No.: 3442-8705

Student No.:

Email: LTenquiry@cityu.edu.hk

## Course Add/Drop Form

[Applicable to applications beyond the University Add/Drop Period]

## Notes:

- 1. This Course Add/Drop Form is applicable only to add/drop applications of the courses offered by the Department of Linguistics and Translation beyond the University Add/Drop period published by ARRO/SGS.
- 2. The application will not be considered without strong justifications and supporting documents.
- 3. The application form together with supporting documents should be submitted to the General Office of Department of Linguistics and Translation (Room LI-5470, Lift 5, Li Dak Sum Yip Yio Chin Academic Building). The application will be reviewed by the Course Leader and respective Year 1 Tutor/Major/Programme Leader.

$\sim$					
C	ontact Phone	No.:		Email:	
4ic	n D Dot	ails of the Annlis	nation		
		ails of the Applic			
W	ould like to a	apply to add/drop* the	following cou	rrse(s):	
•	Course(s) to	be dropped			
	CRN	<b>Course Code</b>	Section	Course Title	
1					
2					
I.	Course(s) to				
1	CRN	Course Code	Section	Course Title	
1					
2					
2					
	Justificatio	ns (Use separate shee	t, if required)	:	
	Justificatio	ns (Use separate shee	t, if required)	:	
	Justificatio	ns (Use separate shee	t, if required)	:	
	Justificatio	ns (Use separate shee	t, if required)	:	
	Justificatio	ns (Use separate shee	t, if required)	:	
	Justificatio	ns (Use separate shee	t, if required)	:	
	Justificatio	ns (Use separate shee	t, if required)	:	
	Justificatio	ns (Use separate shee	t, if required)	:	
			t, if required)		
	Justificatio		t, if required)	Date:	

## Please submit the form to the Department of Linguistics and Translation for consideration.



Department of Linguistics and Translation City University of Hong Kong Room LI-5470, Lift 5, Li Dak Sum Yip Yio Chin Academic Building Tel No.: 3442-8705

Email: LTenquiry@cityu.edu.hk

## **Section C** Decision of the Department

*Recommended/ Not recommended by: Comments, if any:	Course Leader	Name: Date:	
*Supported/ Not supported by:		Name:	
	*Year 1 Tutor/ Major/ Programme Leader		
Comments, if any:			
*Approved/ Not approved by:		me: <u>Prof. Niels O. SCHILLER</u>	
Comments, if any:	Head of LT Da	te:	
Commence, if any.			

<sup>\*</sup>Please delete as appropriate