

## 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 (B7704, 7/F, Yeung Kin Man Academic Building). The application will be reviewed by the Course Leader and respective Year 1 Tutor/Major/Programme Leader.

### Section A Student's Particulars

Student Name: \_\_\_\_\_ Student No.: \_\_\_\_\_

Programme / Major: \_\_\_\_\_ Cohort: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### Section B Details of the Application

I would like to apply to add/drop\* the following course(s):

#### I. Course(s) to be dropped

	CRN	Course Code	Section	Course Title
1				
2				

#### II. Course(s) to be added

	CRN	Course Code	Section	Course Title
1				
2				

#### III. Justifications (Use separate sheet, if required):

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Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

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



Department of Linguistics and Translation  
City University of Hong Kong  
B7704, 7/F, Yeung Kin Man Academic Building  
Tel No.: 3442-8705  
Email : [LTenquiry@cityu.edu.hk](mailto:LTenquiry@cityu.edu.hk)

## Section C Decision of the Department

<p>*Recommended/ Not recommended by: _____ Name: _____ Course Leader Date: _____</p> <p>Comments, if any:</p>
<p>*Supported/ Not supported by: _____ Name: _____ *Year 1 Tutor/ Major/ Programme Leader Date: _____</p> <p>Comments, if any:</p>
<p>*Approved/ Not approved by: _____ Name: Prof. LIU, Meichun Head of LT Date: _____</p> <p>Comments, if any:</p>

*\*Please delete as appropriate*