



Course Registration Form for Special Auditing Student

1. Name of Student: _____
(English)

(Chinese) _____

2. Academic Qualification
(Institution): _____

3. Address: _____

Telephone: _____
(Office) _____ (Residence) _____

E-mail: _____

4. Course Code: _____

5. Course Title: _____

6. Name of Lecturer: _____

7. Location: _____

8. Date of course to be
started: _____

9. Name of your Church: _____

Address of your Church: _____

Minister - in - charge: _____

Student's Signature: _____

Date: _____

Lecturer Approval: _____

Date: _____

Director Approval: _____

Date: _____

* *Please submit this form along with the course fee (HK\$2,638.00/course) payable to "The Trustees of Chung Chi College" to General Office, Divinity School of Chung Chi College (Ms. Anita Luk).*