

**APPLICATION FORM FOR
BA (HONS) INTERNATIONAL BUSINESS COMMUNICATION WITH CHINESE/JAPANESE (FULL-TIME)**

(Programme code : 113-19550)

Please complete the application form in **BLOCK** letters. Please also refer to the Application Guide for details on the specific uses of the information collected and the rights of access to such information by applicants.

Please put a "✓" in the following box for indicating that which language option you want to choose.

Chinese Japanese

Personal Particulars

Name in English _____ Dr / Mr / Mrs / Ms*
(as shown on HKID Card/Passport)

Name in Chinese _____ Gender M / F* Date of Birth _____ (dd/mm/yy)

HKID Card/Passport No.* _____ Place of Origin (for non-local applicants only) _____

Correspondence Address _____

Hong Kong Kowloon New Territories Others (Please specify)

Company _____ Position _____

Tel _____ (Office) _____ (Home) _____ (Mobile#)

Fax _____ Email _____

Urgent notice will be sent to your mobile phone via SMS

* Please delete as appropriate

Qualifications & Work Experience

A. Academic Qualifications

Post-secondary Education (in reverse chronological order and attach copies of transcripts)

From Month / Year	To Month / Year	Name of Institution and Country	Programme of Study and Title	Study Mode (FI/PT)	Date Earned* (Month/ Year)	Overall GPA or Level of Award (Distinction/ Credit/ Pass)

* If you are currently studying the programme, enter the expected month and year of obtaining the award. Enter "N.A." if you have not completed the study.



B. Professional Qualifications

(in reverse chronological order and attach supporting documents)

Name of Awarding Institution and Country	Title of Professional Qualification	Month and Year of Attainment

C. Highest Education Level Attained (please “✓” as appropriate)

- | | | |
|-------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Secondary or below | <input type="checkbox"/> Diploma / Higher Certificate / Certificate | <input type="checkbox"/> Postgraduate Diploma/Certificate |
| <input type="checkbox"/> Form 5 or equivalent | <input type="checkbox"/> Associate Degree / Higher Diploma | <input type="checkbox"/> Master’s Degree |
| <input type="checkbox"/> Form 6, Form 7 or equivalent | <input type="checkbox"/> Bachelor’s Degree | <input type="checkbox"/> Doctoral Degree |

D. Work Experience (in reverse chronological order)

From Month / Year	To Month / Year	Full Time/ Part Time	Name of Organisation	Position

No. of Years in Full-time Employment : 0 1-2 3-4 5-6 More than 6

E. Additional Information

Declaration

- I declare that I have read and understood the nature and details of the Application Guide & Programme Information.
- I declare that all the information given in support of this application form and the attached supporting documents are, to the best of my knowledge, accurate and complete, and agree to provide original document(s) for verification of my qualifications when required. I understand that this information will be used in the admission decision process, I accept that if, in reading and completing this application, I knowingly or carelessly provided untrue or incomplete information, any offer of admission, whether accepted or not, may be disqualified and / or I may be required to withdraw from any programme which I am enrolled in and all fees paid will not be refunded.
- I authorize SCOPE to obtain, and the relevant authorities to release, any and all information about my academic and / or professional qualifications obtained in Hong Kong and elsewhere.
- I authorize SCOPE to use my data to carry out checks regarding my application and records of previous studies in the University and other institutions.
- I understand that, upon my registration in a programme, the data will become part of my student record and may be used for all purposes relating to my study in the programme.
- I consent that if admitted to the programme, I will conform to the statutes and regulations of City University of Hong Kong and SCOPE.

Signature of Applicant : _____ Date : _____

Checklist

Before submitting your application, please check if you have :

- enclosed the proof of payment of HK\$140 application fee
- provided copies of transcripts/other relevant academic qualifications (e.g. HKAL, HKCEE) to support your application
- signed and dated the application form

You may also supply any other information that you think is relevant to the assessment of your application.

Source of Information

How do you know SCOPE / this programme? (You may choose more than one option.)

- | | |
|-------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> SCOPE Website | <input type="checkbox"/> Referral by Friends / Relatives |
| <input type="checkbox"/> Programme Pamphlet | <input type="checkbox"/> Referral by Teachers |
| <input type="checkbox"/> School Prospectus | <input type="checkbox"/> Referral by Collaborative Organizations |
| <input type="checkbox"/> Information Seminar | <input type="checkbox"/> ePromotion |
| <input type="checkbox"/> Newspaper / Magazine Advertisement | <input type="checkbox"/> Exhibition |
| (Please specify the media) _____ | Others (Please specify) _____ |

Have you ever taken our programme? Yes (Please specify) _____ No

- SCOPE would like to provide you information on our programmes / courses to help navigating your lifelong learning. If you do not wish to receive such information, please "✓" the box.