

**香港中文大學**  
**THE CHINESE UNIVERSITY OF HONG KONG**  
**註冊及考試組**  
**Registration and Examinations Section**  
**按已達水平申請科目豁免**  
**APPLICATION FOR EXEMPTIONS BY ATTAINMENT**

YR1

**Note:**

- 1) 填寫此申請表格前，請細閱“2025-26 年度入學新生按已達水平豁免大學核心課程”之資料。  
Please read the information “Exemptions by Attainment for New Students Admitted in 2025-26” before making the application.
- 2) 此申請表不適用於“有特別安排之課程”的學生及按認可學歷入學或高年級生學額的學生。  
This application form is NOT applicable to students under “Programmes with Special Arrangements” and those admitted with Advanced Standing or admitted to Senior-Year Places.
- 3) 內外全科醫學士學位課程的學生請向醫學院院務及策劃處查詢各項豁免申請詳情。  
MBChB students should enquire with the Faculty and Planning Office of the Faculty of Medicine for details regarding various exemptions.
- 4) 遞交此申請表時需附上有關資格的證書副本（攜同正本以供查驗）。  
Application must be submitted with a copy of the certificate of the qualifications attained (bring along the original copy for inspection).
- 5) 註冊及考試組地址：康本國際學術園十樓  
Address of Registration and Examinations Section: 10/F, Yasumoto International Academic Park (YIA)

姓名〔英文〕 \_\_\_\_\_ 〔中文〕 \_\_\_\_\_  
Name :〔 in English〕 \_\_\_\_\_ 〔 in Chinese〕 \_\_\_\_\_

主修 / 課程 \_\_\_\_\_ 課程編碼 \_\_\_\_\_ 學號 \_\_\_\_\_  
Major / Programme : \_\_\_\_\_ (Programme Code: \_\_\_\_\_) Student I.D. No. : 1155

聯絡電話 \_\_\_\_\_  
Contact Tel. No. : \_\_\_\_\_

本人擬申請（請在適當方格✓）

I wish to apply for (please tick as appropriate):

豁免修讀 ELTU1001  
Exemption from ELTU1001

\_\_\_\_\_ (please state qualification achieved)(請列出持有的資格)

**OR**

修讀 ELTU1002  
To take ELTU1002

\_\_\_\_\_ (please state qualification achieved) (請列出持有的資格)

豁免修讀 CHLT1001 及 CHLT1002  
Exemption from CHLT1001 & CHLT1002

\_\_\_\_\_ (please state qualification achieved) (請列出持有的資格)

簽署 \_\_\_\_\_  
Signature: \_\_\_\_\_

日期 \_\_\_\_\_  
Date: \_\_\_\_\_

**收集個人資料聲明**

1. 此表格所收集的資料將用以處理有關的申請，所提供的資料於無需保留時將全部銷毀。
2. 本表格所收集的資料或會轉交香港中文大學其他行政或教學部門作考慮或批核用。
3. 如在遞交此表格後要查閱或改正個人資料，請聯絡註冊及考試組：(電話：3943 9888、傳真：2603 5129、電郵：ugadmin@cuhk.edu.hk)

**Personal Information Collection Statement**

1. The personal data provided on this form will be used for the purpose of processing this application. All information provided will be destroyed when no longer required.
2. Information provided on this form may be transferred to other departments/administrative units within CUHK for consideration and granting approval, where applicable.
3. For correction of or access to the personal data after submission of this form, please contact the Registration and Examinations Section: (Tel. No.: 3943 9888, Fax No.: 2603 5129, e-mail address: [ugadmin@cuhk.edu.hk](mailto:ugadmin@cuhk.edu.hk)).

**For office use only**

Handled by : \_\_\_\_\_ Date : \_\_\_\_\_

Approved by : \_\_\_\_\_ Date : \_\_\_\_\_

Computer record updated by : \_\_\_\_\_ Date : \_\_\_\_\_