Stanley Ho
Community College PO LEUNG KUK
香港大學專業進修學院保良局何鴻燊社區書院

Application for Transcript

Please read carefully the following important notes before completing this form:
1. **Transcript will include applicant's all academic records at HPSHCC.**
2. For <u>EACH</u> application, a non-refundable fee of **HK$50 is charged for the first copy of transcript and HK$10 for each additional copy (e.g. HK$60 for 2 copies, HK$70 for 3 copies)**.
3. Payment of fee should be made by ATM transfer (Bank of China (Hong Kong) account no.: 012-875-0-035397-9) or in cash to the Student Services Counter on 5/F, HPSHCC (or College Office on 18/F, HPSHCC when the Student Services Counter is closed).
4. Completed application form with the original ATM Customer Advice (if applicable) should be submitted to the Student Services Counter on 5/F, HPSHCC (or College Office on 18/F, HPSHCC when the Student Services Counter is closed).
5. The normal processing time for an application is <u>at least two weeks</u> from the date of application (Not applicable to applications which request to show assessment results / make-up examination results / checking of assessment results yet to be released on the transcripts, such applications can only be processed when the requested results are ready.)
6. The College Office will notify applicants for collection via <u>Learner Portal</u> (for current students) if the transcripts are ready.
7. The College accepts no responsibility for any loss or damage of transcripts during postal delivery.

I.   Student Particulars

Full Name in English: _____

Full Name in Chinese: _____   Email: _____

Programme: _____

HKID No.: _____   Student No.: _____

Contact No.:   (Home) _____   (Mobile) _____

II.   Academic Records on Transcript

I would like to have the following results [#] to be shown on my transcript: (please tick as appropriate.)

	Semester 1	**Semester 2**
Foundation/ Certificate in General Studies/ Diploma in Foundation Studies Programme		
Year 1		
Year 2		

[#] **Transcript will include all your academic records at HPSHCC** (i.e. including the records of Foundation/ Certificate in General Studies/ Diploma in Foundation Studies Programme, if applicable).

If you have applied for **make-up examination(s) / checking of assessment results**, please indicate:

☐   I would like to **wait** for my make-up examination results / checking of assessment results [^] so that such results can be shown on my transcript(s).

[^]   the processing time takes at least 4 weeks after attending the make-up examination(s) / submission of the application for the checking of assessment results.

III.   Copies Required

Total number of transcript(s) applied for: _____   Total amount: HK$ _____

IV. Collection Method

Please tick as appropriate, you may choose more than one options:

☐ Please send the transcript(s) to the name(s) and address(es) listed on part VIII of this form by mail.

☐ I wish to pick up the transcript(s) at the HPSHCC Office.

☐ I will authorize _____ (name) whose HKID No. is _____ to collect the transcript(s) on my behalf.

V. Declaration

I have fully read the important notes above and accept the regulations on the application for transcripts. I understand that no amendment can be made after submission of this application form.

_____	_____
Signature of Student	Date

VI. Acknowledgement of Receipt (*to be completed upon collection*)

I hereby confirm that I have received the correct number of transcript(s).

_____	_____
Signature of Student/ Authorized Person	Date of Collection

VII. For College Use

	By	Date
Receipt Issued (No.)		
Transcript Issued		
Validation		
Date Sent to SPACE's Registry		
Date Sent to Applicant		
Date Sent to Designated Address		

VIII. Supplementary Mailing List *(to be completed if you would like to receive the transcript(s) by mail)*

Mail to:

Name: _____

Address: _____

_____

Address#1

Number of copies to this address: _____

Please specify attachment (if any):

_____

Mail to:

Name: _____

Address: _____

_____

Address#2

Number of copies to this address: _____

Please specify attachment (if any):

_____

Mail to:

Name: _____

Address: _____

_____

Address#3

Number of copies to this address: _____

Please specify attachment (if any):

_____

Mail to:

Name: _____

Address: _____

_____

Address#4

Number of copies to this address: _____

Please specify attachment (if any):

_____

Mail to:

Name: _____

Address: _____

_____

Address#5

Number of copies to this address: _____

Please specify attachment (if any):

_____

(Feb 2020)