



**Academic Registry
Application for Testimonial**

- (1) Please submit together with this form your HKID card/Passport or Student card.
- (2) If this form is submitted by a representative of the applicant, or the testimonial is to be collected by a representative, the representative has to produce his/her own HKID card, an authorization letter bearing the applicant's signature and a copy of the applicant's HKID card/Passport.
- (3) Testimonial is usually available 4 working days after the completed application is received by the Academic Registry.
- (4) Application will only be processed upon receipt of payment.

(I) PERSONAL PARTICULARS

Name: _____ (_____) Student No: _____
(in English) (in Chinese)

Sex: ____ Date of Birth: _____ HKID/Passport No.: _____ Contact Tel. No: _____

(II) LIST THE PROGRAMMES YOU HAVE ATTENDED / ARE ATTENDING AT THE INSTITUTION:

Note: Postgraduate students should submit applications to the Graduate School.

Date Admitted (month/year)	Programme/ Department	Major	Minor	Date Graduated/ Completed	Date Withdrawn
1.					
2.					
3.					

(III) TYPE OF TESTIMONIAL APPLIED FOR:

(Please <input checked="" type="checkbox"/> where appropriate)	No. of copies
Certification of Student/Graduation Status (HK\$50/copy)	
Certification of Loss of Diploma (HK\$120/copy)	
Visa Application (HK\$50/copy) - for travel visa application: for indication of <input type="checkbox"/> Semester Breaks <input type="checkbox"/> Christmas & New Year holidays <input type="checkbox"/> Chinese New Year holidays <input type="checkbox"/> Easter holidays	
Others (please specify): _____	

Total no. of copies: _____

(IV) HOW SHOULD THE TESTIMONIAL BE DELIVERED?

- Sent to the correspondence address overleaf by
 ordinary mail (Local)/ regular air mail (Overseas) registered mail
- Collected at the Academic Registry (Room 701, 7/F, Academic and Administration Building, Baptist University Road Campus). (Note: Testimonial which is not collected 6 months after the issue date will be destroyed.)

(V) OTHER REMARKS: _____

(VI) Applicant's/Representative's Signature: _____ **Date:** _____

To be completed upon collection of testimonial

Collected by: _____ (_____)
(Signature) (Name in BLOCK letters)

HKID/Passport/Student card: Checked Date: _____

FOR OFFICE USE ONLY

Testimonial fee: \$50/copy x _____ = \$ _____ Paid

Fee for Loss of Diploma: \$120/copy Paid

Form Received by _____ on _____ HKID/Passport/Student card: Checked

Prepared by _____ Checked by _____ Completed/Mailed on _____

**Personal Data (Privacy) Ordinance
Personal Information Collection Statement**

Persons who supply personal data in their applications to the Academic Registry for various purposes are requested to note the following:

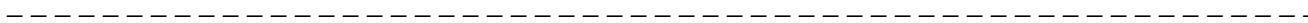
1. Personal data provided in the applications are to facilitate the process of their applications and will not be used for other purposes.
2. Personal data provided will only be used by University staff.
3. After the applications have been processed, application forms will be destroyed 3 months after the process is over.

Under the provision of the Personal Data (Privacy) Ordinance, request for personal data access or correction may be made and addressed to:

Academic Registrar
 Academic Registry
 Room 701, 7/F
 Academic and Administration Building
 Baptist University Road Campus
 Hong Kong Baptist University
 Kowloon Tong
 Kowloon



Mailing Slip: (A separate mailing slip is required for each address sent. Please make extra copies of the mailing slip whenever necessary.)
 Please fill out the **Name of Applicant** and the **Name and Address of Recipient** where the testimonial(s) will be sent to.
 (To avoid postal errors, please write clearly **within border**. The Academic Registry will bear no responsibility for any loss or damages of the testimonial during postal delivery.)



Name of Applicant: _____

Name of recipient: _____ Address: _____ _____ _____ _____
