



**Academic Registry**  
**Application for Transcript of Academic Record (Student Copy)**

- (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 transcript 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) Should there be any request for changes after the issuance of the transcript, a fresh application with appropriate payment will be required.
- (4) If application is submitted in person, transcripts of associate degree and undergraduate degree programmes will be available immediately after payment of transcript fee. Other than the above, please allow 5 working days for the transcript to be prepared. For applicants graduated in or before 1985, longer processing time may be needed.
- (5) Transcript fee for student copy is \$50 per copy. Application will only be processed upon receipt of payment.

Name (Mr./Ms.*) : _____ ( _____ )				
*Please delete as appropriate	(in English) (in Chinese, if applicable)			
<u>Student No</u>	<u>Year Graduated</u> (if applicable)	<u>Type of Award</u> (e.g. Bachelor, Honours Diploma)	<u>Programme/Major/ Department</u>	<u>Minor</u> (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>OR</b>				
Date Withdrawn: _____				
<p><i>Note: <b>Postgraduate students</b> should submit applications to the Graduate School (AAB 904, 9/F, Academic and Administration Building, Baptist University Road Campus).</i></p> <p><i><b>Associate Degree students</b> who have withdrawn from the University or have <u>not</u> yet graduated should submit applications to the College of International Education (4/F, David C. Lam Building, Shaw Campus).</i></p>				

This transcript will be (Please ✓ where appropriate):	
<input type="checkbox"/>	collected at the Academic Registry (Room 701, 7/F, Academic and Administration Building, Baptist University Road Campus) by the student; or by an authorized representative. <i>(Note: Transcript which is not collected 6 months after the issue date will be destroyed.)</i>
<input type="checkbox"/>	sent to _____ Office of the HKBU.
<input type="checkbox"/>	sent to the correspondence address overleaf by
<input type="checkbox"/>	ordinary mail (Local)/ regular air mail (Overseas)
<input type="checkbox"/>	registered mail
No. of Copies Applied for: _____	Remarks: _____
Applicant's E-mail Address: _____	
Applicant's Contact Tel. No.: _____	
Applicant's/Representative's Signature: _____ Date: _____	

<b><u>To be completed upon collection of transcript</u></b>	
Collected by: _____ (Signature)	( _____ ) (Name in BLOCK letters)
HKID/Passport/Student card: <input type="checkbox"/> Checked	Date: _____

**FOR OFFICE USE ONLY**

Transcript fee: \$50/copy x \_\_\_\_\_ = \$ \_\_\_\_\_  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 transcript(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 transcript during postal delivery.)



Name of Applicant: \_\_\_\_\_

Name of recipient: _____
Address: _____
_____
_____
_____