



**Academic Registry  
Application for Testimonial**

- (1) **This form is applicable to HKBU graduates (sub-degree and undergraduate level) who graduated in or before 1985.**
- (2) Please submit together with this form proof of identity document (Original or copy of HKID card/Passport or Student card).
- (3) 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/Passport as proof of identity, an authorization letter bearing the applicant's signature and a copy of the applicant's HKID card/Passport.
- (4) Any request for changes after the issuance of the testimonial, a new application with appropriate payment will be required.
- (5) Testimonial is usually available 4 working days after the completed application is received by the Academic Registry.
- (6) Testimonial fee is **\$50** per copy. Application will only be processed upon receipt of payment. **NO REFUND** will be given under any circumstances.
- (7) To avoid postal errors, applicants are requested to write clearly the address of the recipient(s). The Academic Registry will bear no responsibility for any loss or damages of the testimonial during postal delivery.

**(I) PERSONAL PARTICULARS**

Name: \_\_\_\_\_ (in English) \_\_\_\_\_ (in Chinese) Student No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ HKID/Passport No.: \_\_\_\_\_ Contact Tel. No: \_\_\_\_\_

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

*Notes: **Research Postgraduate students** should apply for transcript at the Graduate School (4/F, Madam Chan Wu Wan Kwai School of Continuing Education Tower (SCE Tower), Baptist University Road Campus).  
**Taught Postgraduate students** should apply for transcript at the Taught Postgraduate Studies Section (Room 301, 3/F, Madam Chan Wu Wan Kwai School of Continuing Education Tower (SCE Tower), Baptist University Road Campus).  
**Students (non-graduates)** of programmes listed overleaf should apply for transcript at the relevant office instead of the HKBU-Academic Registry.*

Date Admitted (month/year)	Programme/ Department	Major	Minor	Date Graduated/ Completed	Date Withdrawn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

**(III) TYPE OF TESTIMONIAL APPLIED FOR:**

(Please ✓ where appropriate)	No. of copies
<b>Certification of Student/Graduation Status</b> <input type="checkbox"/> Please ✓ this box if you wish to show the medium of instruction of the study programme on the testimonial	
<b>Visa Application</b> - 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	
<b>Others (please specify):</b> _____	

**(IV) HOW SHOULD THE TESTIMONIAL BE DELIVERED?**

- Sent to the correspondence address overleaf by  
 ordinary mail (Local) / regular air mail (Overseas)       registered mail
- Sent by email  
 Email Address: \_\_\_\_\_
- Collected at the Academic Registry (Room 301, 3/F, Madam Chan Wu Wan Kwai School of Continuing Education Tower (SCE Tower), 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  
Form Received by \_\_\_\_\_ on \_\_\_\_\_ HKID/Passport/Student card:  Checked  
Prepared by \_\_\_\_\_ Checked by \_\_\_\_\_ Completed/Mailed on \_\_\_\_\_

Privacy Policy Statement and Personal Information Collection Statement of the University is available at:  
<https://bupdpo.hkbu.edu.hk/policies-and-procedures/pps-pics/>

Note: **Students (non-graduates)** of below programmes should apply for testimonial at the relevant office, instead of the HKBU-Academic Registry:

<b>Study Programme</b>	<b>Address</b>
<ul style="list-style-type: none"><li>• Top-up Undergraduate Degree programmes</li><li>• Early Childhood Education programmes</li><li>• Associate Degree programmes</li><li>• Higher Diploma programmes administered by the College of International Education (CIE)</li></ul>	SCE – DLB Office 4/F, David C. Lam Building, Shaw Campus Hong Kong Baptist University 34 Renfrew Road 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.)

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

Name of recipient: _____ Address: _____ _____ _____
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