

HONG KONG BAPTIST UNIVERSITY
Academic Registry
Undergraduate Studies Section

**Application for Resumption of Studies
After Suspension of Study**

Name: _____ Student No.: _____ Study Programme: _____

Period of Suspension: From: _____ To: _____

Resumption of Studies: Semester _____, 20____ - 20____
(Academic year)

Student's signature: _____

Date: _____

Approval from the Academic Registry:

() Approved for Resumption of Studies beginning _____
Semester, Academic Year

() Not Approved

Comments, if any : _____

Signature: _____
Senior Assistant Academic Registrar

Date: _____

For Office Use Only

Date Received: _____ Staff: _____

Actions and Data Entry:

Copy to Department Head/Programme Head/Programme Director for information

Student Card Expires on: _____ Extended: _____

Update Student File

Staff-in-charge: _____

Privacy Policy Statement and Personal Information Collection Statement of the University is available at:

<https://bupdpo.hkbu.edu.hk/policies-and-procedures/pps-pics/>