Part I

Name of Student: _____(English) _____(Chinese)

Student ID: _____

Major of Study (for Yr. 2 or above): _____   Year of Study: _____

Contact Phone No.: _____   Email Address: _____

Course Code: _ESTR_____   Course Offering Term (e.g. T1, 20-21): _____

Course Title: _____   Course Session(e.g. T01):_____

Date: _____   Signature of Student: _____

Part II (To be completed by the course teacher)

I have interviewed this non-ELITE student and I hereby give my consent for admitting

him/her to my ESTR course.

Name of Course Teacher: _____

Date: _____   Signature:_____

Notes to Students:
**Please return the completed form to the Faculty Office <u>via email</u> after collection of
the approval signature of the course teacher.**

Part III (To be completed by the ELITE Stream Director)

☐ Approved   ☐ Not approved

Date: _____   Signature: _____