



Faculty of Engineering
Course Registration Form for the ELITE Stream

Part I

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

Student ID: _____ Year of Study: _____

Major of Study: _____

Contact Phone No.: _____ Email Address: _____

Course Code: ESTR _____ Course Offering Term (e.g. T1, 24-25): _____

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

Date: _____ Signature of Student: _____

- Please return the completed form to the Faculty Office **via email** if consent of course teacher is NOT required for course registration.
- Please approach the course teacher to fill out Part II and return the signed form to the Faculty Office **via email** if consent of course teacher is required for course registration.

Part II (To be completed by the course teacher)

I have interviewed this ELITE student and I hereby give my consent for admitting him/her to my ESTR course.

Name of Course Teacher: _____

Date: _____ Signature: _____