

## Faculty of Engineering Course Withdrawal Form for the ELITE Stream

| Name of Student:                                              | (English)                                     | (Chinese)           |
|---------------------------------------------------------------|-----------------------------------------------|---------------------|
| Student ID:                                                   | Year of Study:                                |                     |
| Major of Study:                                               | <del> </del>                                  |                     |
| Contact Phone No.:                                            | Email Address:                                |                     |
| Course Code: ESTR                                             | Course Offering Term (e.g. T1, 24             | -25):               |
| Course Title:                                                 |                                               |                     |
| I wish to □ switch from the EST                               | TR course back to the respective depart       | mental course.      |
| (Student should get the consent from ESTR later than week 9.) | course teacher and the respective departmenta | l course teacher no |
|                                                               | (Please specify the departm                   | ental course code)  |
| □totally drop out from t                                      | he ESTR course.                               |                     |
| • •                                                           |                                               |                     |
| Declaration: I fully understand the                           | at the course withdrawal application          | is an irreversible  |
| decision and the final approval res                           | ets with the Registrar's Office.              |                     |
|                                                               |                                               |                     |
|                                                               |                                               |                     |
| Date:                                                         | Signature of Student:                         |                     |
|                                                               |                                               |                     |
|                                                               |                                               |                     |
|                                                               |                                               |                     |
|                                                               |                                               |                     |
| Name of ESTR Course Teacher:                                  |                                               |                     |
|                                                               |                                               |                     |
| Date:                                                         | Signature of Teacher:                         |                     |
| Name of respective descriptions of 1                          | waa Coursa Taaahaw                            |                     |
| tvame of respective departmental col                          | urse Course Teacher:                          |                     |
| Date:                                                         | Signature of Teacher:                         |                     |