



香港都會大學 李嘉誠專業進修學院
Hong Kong Metropolitan University
Li Ka Shing School of Professional and
Continuing Education

Student / Instructor* Information Updating Request Form

Ref. No. _____

Name: Mr. / Ms. _____ (English) _____ (Chinese)

HKID / Passport: _____ Student No.: _____

Course Code & Title: _____

Class: _____ Intake: _____

Contact Phone No.: _____ (Res/Off) _____ (Mobile)

Fax No.: _____ Email: _____

Correspondence Address: _____

I request to update my personal particulars in the School's record as above with effect from _____.

Signature: _____ Date: _____

Please send this form to our School by mail :
*Li Ka Shing School of Professional and Continuing Education,
Hong Kong Metropolitan University
11/F, Tower 2, Kowloon Commerce Centre, 51-53 Kwai Cheong Road, Kwai Chung, N.T.*

For Office Use Only

Received by: _____ Date: _____

Handled by: _____ Date: _____

Confirmation sent by: _____ Date: _____

*Please delete as appropriate