

Faculty of Engineering Course Withdrawal Form for the ELITE Stream

| Student ID: | Name of Student: | (English) | (Chinese) |
|---|---------------------------------------|--|---------------------|
| Course Code: _ESTR Course Offering Term (e.g. T1, 25-26): Course Title: I wish to switch from the ESTR course back to the respective departmental course. (Student should get the consent from ESTR course teacher and the respective departmental course teacher no later than week 9.) (Please specify the departmental course code) | Student ID: | Year of Study: | |
| Course Code: _ESTR Course Offering Term (e.g. T1, 25-26): Course Title: I wish to switch from the ESTR course back to the respective departmental course. (Student should get the consent from ESTR course teacher and the respective departmental course teacher no later than week 9.) | Major of Study: | | |
| Course Title: I wish to switch from the ESTR course back to the respective departmental course. (Student should get the consent from ESTR course teacher and the respective departmental course teacher no later than week 9.) | Contact Phone No.: | _ Email Address: | |
| I wish to switch from the ESTR course back to the respective departmental course. (Student should get the consent from ESTR course teacher and the respective departmental course teacher no later than week 9.) [Please specify the departmental course code) [Itotally drop out from the ESTR course.] Declaration: I fully understand that the course withdrawal application is an irreversible decision and the final approval rests with the Registrar's Office. Date: Signature of Student: | Course Code: ESTR | Course Offering Term (e.g. T1, 25 | -26): |
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| | Data | Signature of Student: | |
| Name of ESTP Course Teacher: | Date. | | |
| Name of ESTP Course Teacher: | | | |
| Name of ESTP Course Teacher: | | | |
| Name of ESTP Course Teacher: | | | |
| | Name of ESTP Course Teacher | | |
| INAMIC OF LOTIX COURSE TEACHER. | Ivanie of ESTA Course reacher: | | |
| Date: Signature of Teacher: | Date: | Signature of Teacher: | |
| | | | |
| Name of respective departmental course Course Teacher: | Name of respective departmental cours | se Course Teacher: | |
| Date: Signature of Teacher: | Doto | Signature of Tasaham | |