## THE UNIVERSITY OF HONG KONG ADMISSIONS OFFICE, REGISTRY

07-0221

## Faculty/Department Confirmation Sheet on Student Status - Visa Extension for Mainland Students

Please complete the form in BLOCK letters and  $\blacksquare$  and \*delete whichever is appropriate.

PART 1 – Request to Faculty / Department (To be filled by applicant)		
To: Faculty / Department of		
To: Faculty / Department of(Full name of Faculty / Department)		
I,(University ID:(Full name of applicant)	, HKID Card No	),
studying		
would like to extend my student visa.	(Full liable of study programme),	
The reason of my application for visa extension:		
☐ To continue my study of above study programme		
☐ To defer my study period in order to fulfill the requirement of	of above study programme	
Expect extension period:	n above study programme	
☐ To withdraw my application for leave of absence from	to	(DD/MM/YYYY)
Expect extension period:	<u>.</u>	
Please confirm my student status below to facilitate my application	ion for visa extension	
Additional information: (DD/MM/YYYY)	ion for visa extension.	
Current student visa expiry date:		
Study period shown on the current student card:		
Signature of Applicant	 Date	
Signature of Applicant	Date	
PART 2 – Confirmation by Faculty / Department (To be filled by Faculty / Department)		
To: Admissions Office, Registry		
I write to support the visa extension application for the above-named student.		
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The supporting period will be until	(DD/MM/YYY)	
Details of his/ her studies are as follows: (DD/MM/YYYY)		
Date of registration:*Expected study end date:		
Normal duration of programme (No. of years):		
Programme with mandatory internship in *current / coming acad	demic year : *Yes / No	
Programme with credit-bearing internship in *current / coming a	academic year: *Yes / No	
Notes:		
Extension of student visa is eligible for <b>full-time</b> student only. T end date.	The supporting period should NOT be later	than the Expected study
end date.		
Full name of Faculty / Department	Signature of Designated Officer	
	Full Name of Designated Officer	
Stamp of Faculty / Department		
	— Date	
	Date	