



The Hong Kong University of Science and Technology
Academic Registry
Application for Testimonial
(for Postgraduate Students)

Notes and Application Procedures

1. A testimonial is a certification of the student's current registration status at the University. This application form is **NOT** applicable to students who have completed the program of study.
2. Students requesting testimonials should complete Sections I and II below.
3. A testimonial fee of **HK\$30** per copy is charged. Payment should be made by credit card online at "Miscellaneous Purchases" via Student Center (<http://arr.ust.hk/student-center>). A printout of the successful transaction record must be submitted as payment proof.
4. The completed application form, together with the proof of payment, should be returned to the Academic Registry.
5. The normal processing time is **3** working days.
6. Application and/ or collection of testimonial made by a representative must bear the authorization of the applicant by presenting a letter of authorization and the photocopy of the applicant's HKUST Card. The representative will be requested to show his / her HKUST Card / HKID Card for verification during application and/ or collection.

I. Student Particulars

Student Name : _____ Student No. :

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(In English)

Program of Study : _____ HKID / Passport / Entry Permit No. : _____
[Please delete as appropriate]

Contact Phone No. : _____

II. Application Details

No. of Copies Required (HK\$30 per copy) :

Reason for Application : _____

If this testimonial has to be addressed to the Director of Immigration HKSAR for student visa extension, please tick the box.

 Signature of Student

 Date

III. Additional Information *[To be completed by the major department if the following information needs to be included in the testimonial]*

(A) Expected Degree Completion

According to the program department, it is anticipated that the student will complete the degree requirements by _____
 (month / year)

(B) Postgraduate Studentship (PGS)

Amount of PGS Awarded : HK\$ _____ per month

Duration of PGS Award : From _____ to _____
 (month / year) (month / year)

 Signature of PG Coordinator / Program Director

 Name

 Date

Personal Information Collection Statement

- i) The personal data provided in this form will be used for checking of records and processing this application only. It is obligatory for you to supply the required data on this form. Your application may be delayed or may not be considered if the data submitted are incomplete.
- ii) The personal data collected may be provided to major departments/ schools, or relevant administrative offices for the above mentioned purposes.
- iii) For access or correction of the personal data after submission of this form, please contact the Academic Registrar (email: progreg@ust.hk, Office address: Academic Registry, Room 1381, Academic Building, HKUST). For the University's Privacy Policy, please refer to <http://www.ust.hk/privacy-policy>.

IV. Academic Registry Use Only

Form and Receipt Received on : _____ by : _____

Serial No. : T / _____ / _____ / _____

Collected on : _____ by : _____