

Honolulu University
HK Representative Office:

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ENROLLMENT FORM

Pls submit this form together with: All relevant academic transcripts/certificates

Please complete Parts I & II in BLOCK LETTERS or TYPE

PART I	PERSONAL DETAILS
Name In Full: (Mr/Mrs/Miss)	(Surname First)
Name in Chinese:	ID Card No.: (
Country of Citzenship:	Country of Birth:
Date of Birth:	Date Month Year
Telephone: Home:	Office: Mobile
Correspondence Address:	
Email Address:	Yrs. of Work Exp:
Current Employer:	Current Position:
Year(s) of Service: From	m To

PART II

EDUCATION QUALIFICATIONS & WORKING EXPERIENCES

	tended	Name of Schoo	ls/Institutions Attended	Qualificati	ons obtained/ to be obtained	Date of Award or Expected Date
From	То	(Pls specify if yo	ou are currently attending)			of Award
	ACADEM		IONAL QUALIFIC		How to Obtain	Date of Awa
			membership of professional bo	odies)	(e.g. by examination)	
			ART-TIME WORK		RIENCES (in chronol	ogical order) on Held
	Name of Emplo	• • • •	Ewom			
	Name of Emplo		From	10		
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	Name of Emplo		From	10		

By signing below, I certify that I have read, understood, and agreed to the above conditions as outlined on both sides of this Enrollment Agreement and that the cancellation and refund policy is completely understood by me. I attest that the assignments that I prepare for the university will be my own work and that I will cite any sources from which I use data, ideas, or words, either quoted directly or paraphrased. I also acknowledge that failure to adhere to this pledge is grounds for termination of my enrollment. Student's Signature Date	hat the cancellation and refund policy is completely understood by me. I attest that the assignments that I prepare for the university will be my own work nd that I will cite any sources from which I use data, ideas, or words, either quoted directly or paraphrased. I also acknowledge that failure to adhere to his pledge is grounds for termination of my enrollment.	STUDENT SIGNATURE	
Student's Signature Date	tudent's Signature Date	that the cancellation and refund policy is completely understood by me. I attest that the assignments that I p	orepare for the university will be my own work
		Student's Signature	Date

Mail Order Form TEL: (852) 3111 7111 FAX: (852) 3188 5035 **OUR REF NO:** TEL NO: **APPLICATION DATE: CANDIDATE NAME:** FAX NO: ADDRESS: MOBILE NO: EMAIL: **PROGRAM APPLIED PROGRAM APPLIED PAYMENT DESCRIPTION** AMOUNT (HKD) Honolulu University Application Fee HKD 700.00 PhD / MBA / BBA Program Processing Fee HKD5,000.00 HKD5,700.00 **Total Fees PAYMENT INFORMATION** For Internal Use Only: □ Visa ☐ MasterCard Approval Code: ___ Credit Card No. __ Expiry Date: / Month Year Security Code (last 3 digits at the back of the card) _____ Cardholder Name: ___ **REFUND POLICIES** Application fee is non-refundable under any conditions. Processing fee is refundable ONLY when the application is declined by the University. Processing fee is NOT refundable if applicants voluntarily withdraw from the application process by not submitting transcripts or work proof documents stated on the application form, or any other reasons. For accepted candidates, the sum is not refundable. Program tuition is calculated and paid on instalment basis. Students who have enrolled in the program are registered for the whole program, not individual courses. Tuition instalments are non-refundable and failure for any instalment payment means voluntarily withdrawal from the program.

Please fax the completed form to (852) 3188-5035

Date:

(same as your credit card's signature):

Authorised Client Signature

For questions, please call (852) 3111-7111