



香港三育書院

HONG KONG ADVENTIST COLLEGE

1111 Clear Water Bay Road, Sai Kung, New Territories, Hong Kong

Tel: (852) 2719-1668 Fax: (852) 2358-1055 Email: info@hkac.edu Web: www.hkac.edu

Application Form 申請表

Personal information is collected for administration purposes only

SECTION 1—STUDENT DETAILS 學生資料 (Please complete in CAPITAL LETTERS 請以大楷填寫)			
Name in English 英文姓名 (as shown on Passport/Hong Kong ID Card) (請按護照/香港身份證上所示)		HK ID No. / Passport No. 香港身份證號碼/ 護照號碼	
Last/ Family Name 姓	Given Name 英文別名	Other Name 別名	
Name in Chinese 中文姓名		Date of Birth 出生日期 (mm/dd/yyyy) (月/日/年) e.g. Dec 25,1997	Age 年齡
Religion: 宗教信仰		Place of Birth: 出生地點	Nationality: 國籍
Home No.: 住宅電話		Mobile No.: 手機電話	Email: 電郵
Mailing Address 通訊地址:			
District 地區: _____ Area 區域: <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界			

相片

Photo

(請自行貼上相片)

SECTION 2 – ANTICIPATED DATE OF ENROLLMENT 入學學期	
Year 學年 _____ Semester 學期: <input type="checkbox"/> Fall (September) 秋季 <input type="checkbox"/> Spring (January) 春季 <input type="checkbox"/> Summer (May) 夏季	

SECTION 3 – PROGRAM TO ENROLL 課程報讀	
ANDREWS UNIVERSITY AFFILIATION DEGREE PROGRAM 美國安德烈大學聯校課程 4-YEAR FULL TIME PROGRAM 四年制課程	<input type="radio"/> Bachelor of Science in Psychology 心理學理學士學位
	<input type="radio"/> Bachelor of Science in Health and Fitness 健康與體適能理學士學位
	<input type="radio"/> Bachelor of Arts in Religion 宗教學文學士
ANDREWS UNIVERSITY 2 + 2 DEGREE PROGRAM 美國安德烈大學 2 + 2 大學課程	<input type="radio"/> 2+2 Bachelor Degree (Major: _____) 2 + 2 大學課程 (主修: _____)
HONG KONG ADVENTIST COLLEGE PROGRAM 香港三育書院課程	<input type="radio"/> Diploma in Pre-University Studies 大學先修文憑
	<input type="radio"/> Certificate in Book-keeping and Accounts 簿記及會計證書

SECTION 4 – APPLICANT'S EDUCATION 教育程度 (From secondary onward 中學開始填寫)			
Secondary School / College / University 中學 / 大專 / 大學	From 由 (Year 年) e.g. 2010	To 至 (Year 年) e.g. 2016	Qualification 學歷 e.g. Form 6

SECTION 5 – TOFEL / IELTS 托福 / 雅思	
TOEFL / IELTS Score 托福/雅思試分數: _____	Date taken 考試日期: _____
(Please submit a certified copy of test results taken within the last two years) (請提交兩年內的考試成績副本)	

SECTION 6 – WORK EXPERIENCE 工作經驗 (If applicable 如適用)			
Company 公司	From 由 (Year 年) e.g. 2010	From 由 (Year 年) e.g. 2013	Position 職位

SECTION 7 – FAMILY INFORMATION 家庭資料

Father 父親	Name in English 英文姓名	Name in Chinese 中文姓名	Occupation 職業	
Email 電郵地址:		Office Tel.辦公室電話:	Mobile Tel. 手提電話:	
Mother 母親	Name in English 英文姓名	Name in Chinese 中文姓名	Occupation 職業	
Email 電郵地址:		Office Tel.辦公室電話:	Mobile Tel. 手提電話:	
Guardian 監護人	Name in English 英文姓名	Name in Chinese 中文姓名	Occupation 職業	Relationship 關係
Email 電郵地址:		Office Tel.辦公室電話:	Mobile Tel. 手提電話:	
Emergency Contact (Except parents) 緊急聯絡人(除父母以外)	Name in English 英文姓名	Name in Chinese 中文姓名	Mobile Tel. 手提電話:	Relationship 關係

SECTION 8 – REFERENCES 推薦 (If applicable 如適用)

請提供兩名推薦人(和你沒有親屬關係), 其中一名**必須**為校長, 副校長, 監護人或老師, 牧師或教授. 你所提供的完整及正確之資料, 包括一個正在使用的電郵地址是很重要的.

Please provide us with two references (*individuals not related to you*). One of them **MUST** be a principal, vice-principal, guidance counselor or teacher, pastor or professor. It is essential that you provide us with complete and correct information, including an active email address.

Name in English 英文姓名	Name in Chinese 中文姓名	Position 職位	Years Known 認識時間	Email 電郵地址:

SECTION 9 – RESIDENCE 住處

Where will you be living while attending HKAC? 在入讀本院期間, 你會住在哪裡?	<input type="checkbox"/> With Parents/ Guardian 與家長/監護人同住 <input type="checkbox"/> School Dormitory 學校宿舍 (<input type="checkbox"/> 5 days 天/ week 星期 <input type="checkbox"/> 7 days 天/ week 星期)
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SECTION 10 - How did you hear about HKAC programs? 你如何得知香港三育書院的課程?

<input type="checkbox"/> Magazine (Please specify) 雜誌(請註明):	<input type="checkbox"/> HKAC Information Day / Open Day 香港三育書院資訊日/開放日	<input type="checkbox"/> Leaflet 簡章
<input type="checkbox"/> Newspaper (Please specify) 報紙(請註明):	<input type="checkbox"/> HKAC Program Seminar in Your School 從現在就讀的學校內	<input type="checkbox"/> HKAC Website (www.hkac.edu) 香港三育書院網頁
<input type="checkbox"/> HKAC / HKAA Staff or Student – Please print name of referral 香港三育書院/香港復臨學校職員或學生 – 請註明:	<input type="checkbox"/> Friends or Family 朋友或家人	<input type="checkbox"/> Others (Please specify) 其他(請註明):

SECTION 11 – CONSENT DETAILS 同意書

本人所提供的資料是完整及準確, 同時明白若資料有任何錯誤將會拖延入學的時間。如有任何虛假文件將會構成本人立即被取消資格/不被接納入讀香港三育書院的原因。如被接納, 我同意遵守本校課程指引及手冊所頒佈的校規。本人知道不遵守校規可被刪除學籍。

The information I have provided is complete and accurate, and I understand any omission of information could significantly delay my acceptance. I further understand that any falsification of admission documents are reason for immediate cancellation of my application and/or denial or withdrawal of admission to Hong Kong Adventist College programs. If accepted, I agree to abide by the regulations of the institution as published in its Bulletin and Handbook or as announced. I recognize that failure to abide by these regulations is ground for dismissal.

Applicant's Signature 申請人簽名	Parent/Guardian's Signature 家長/監護人簽名	Date (mm/dd/yyyy) 日期 (月/日/年)

OFFICE USE ONLY

APPLICATION FORM	DATE RECEIVED IN HKAC _____ (MM/DD/YYYY) DATE SUBMITTED TO ANDREWS UNIVERSITY _____ (MM/DD/YYYY)
APPLICATION FEE PAID	\$ _____ (HKAC) DATE _____ (MM/DD/YYYY) RECEIPT NUMBER _____
ADMISSION QUALIFICATION	ACADEMIC _____ O TOFEL PBT/CBT/IBT _____ O IELTS _____
ADMISSION ACTION	<input type="radio"/> REGULAR <input type="radio"/> PROVISIONAL <input type="radio"/> DENIED SIGNATURE: _____ (Academic Dean) SIGNATURE: _____ (Dept. Chair) DATE: _____ (MM/DD/YYYY) DATE: _____ (MM/DD/YYYY)
	<input type="radio"/> REGULAR <input type="radio"/> PROVISIONAL <input type="radio"/> DENIED SIGNATURE: _____ (Dean of Students) DATE: _____ (MM/DD/YYYY)
	<input type="radio"/> REGULAR <input type="radio"/> PROVISIONAL <input type="radio"/> DENIED SIGNATURE: _____ (Dean of Dormitory) DATE: _____ (MM/DD/YYYY)
FEES PAID	TUITION \$ _____ DATE _____ (MM/DD/YYYY) RECEIPT NUMBER _____
ID#	HKAC _____ ANDREWS UNIVERSITY/GRIGGS UNIVERSITY _____

APPLICATION FORM FOR ADMISSION TO AN AFFILIATE UNDERGRADUATE PROGRAM

Affiliation Site: HONG KONG ADVENTIST COLLEGE

Andrews University provides equal opportunity for qualified students irrespective of race, color, sex, physical handicap, national or ethnic origin in admission, employment, housing and educational programs and activities.

PLEASE PRINT OR TYPE

Legal Name: _____

First Name
Middle
All Previous Surnames
Last/Family Name

Permanent Address: _____

Apartment
Street/Road/Post Office Box

City
State (Where Applicable)
Postal Code
Country

Phone: _____ Fax: _____

Email: _____

Temporary Address: _____

Street/Road/Post Office Box
Apartment

City
State (Where Applicable)
Postal Code
Country

Effective Dates: _____ to _____

Phone: _____ Fax: _____

Email: _____

PERSONAL DATA

1. Sex: Male Female **Date of Birth:** _____ / _____ / _____ State/Country _____

Month
Day
Year

2. Country of Citizenship _____

3. Religious Preference Seventh-day Adventist Other None

4. Marital Status Single Married

5. Ethnicity (used to fulfill reporting obligations to the federal government)
 Black/Non-Hispanic origin White/Non-Hispanic origin Hispanic
 American Indian or Alaskan Native Asian or Pacific Islander Other

ACADEMIC PROGRAM DATA

Beginning Semester and Year: Month _____ Year _____

Degree Program(s)

Circle: AS BA BS 1st Major _____ 1st Minor _____
 Circle: AS BA BS 2nd Major _____ 2nd Minor _____
 Circle: AS BA BS 3rd Major _____ 3rd Minor _____
 Circle: AS BA BS 4th Major _____ 4th Minor _____

EDUCATIONAL HISTORY

Have you ever attended Andrews University or one of our Affiliate Institutions before?

No Yes ID# _____ Dates attended _____ to _____

Major _____ Minor _____

High School Attended: _____ City _____ Country _____

Date of Graduation _____
Month Day Year

Please list ALL other colleges and universities you have attended since graduation from high school/academy:

<u>Name of Institution</u>	<u>Attendance Dates</u>	<u>Degree and Major</u>	<u>Date/Anticipated date of Grad.</u>
1. _____ City, State, Country	_____ to _____	_____	M ____ D ____ Y ____
2. _____ City, State, Country	_____ to _____	_____	M ____ D ____ Y ____
3. _____ City, State, Country	_____ to _____	_____	M ____ D ____ Y ____

PLEASE READ AND SIGN:

The information I have provided is complete and accurate, and I understand that any omission of information could significantly delay my acceptance. I further understand that any falsification of admission documents is reason for immediate cancellation of my application and/or denial to Andrews University. In asking for admission to Andrews University, I voluntarily agree, if admitted as a student, to uphold the ideals, standards, and regulations set forth by the University and to respect the principles and traditions it upholds as a church-related institution of higher learning.

Signature

Date

FOR OFFICE USE ONLY

In-process entry date _____ By _____