致: 學院秘書處

To: Campus / Institute Secretariat

職業訓練局 - 畢業費豁免 VTC - Waiver of Graduation Fee (2024/25)

申請覆核 <u>Application for Review</u>

學生姓名 Name of Student :		身分證號碼 HKID No.	: _	()
學生編號 Student No. : _		院校/課程 _ Campus/Programme	: _	
覆核理由 Justificatio	n for Review			
(如有需要,請另頁	書寫 Use separate sheet,	, if necessary):		
* 請附上有關的證明文件 Relevant supporting documents must be attached.				
聲明 Declaration:				
		正確無訛。本人明白 歸還已發給的豁免額		
	ormation provided in t	this Application for Rev	view is t	true and complete. I
understand that any misrepresentation of information will lead to rejection of my Application of Review, and/or demand on my return to VTC the full amount of Graduation Fee Waiver paid to me.				
It may also be liable to	•	ne iun amount oi Graqt	iation re	e waiver paid to me.
學生簽署		日期		
Signature of Student :		Date :		