

APPLICATION FORM FOR BUSINESS LOGISTICS MANAGEMENT

Proposed course of study (please ☒ where appropriate):

- ☐ (Programme/Course Code: MS075A) PROFESSIONAL DIPLOMA IN BUSINESS LOGISTICS MANAGEMENT
☐ (Programme/Course Code: MS073B) PROFESSIONAL DIPLOMA IN BUSINESS LOGISTICS MANAGEMENT (SMART PROCUREMENT)
☐ (Programme/Course Code: MS074B) PROFESSIONAL DIPLOMA IN BUSINESS LOGISTICS MANAGEMENT (CHINA E-BUSINESS)

[^] The course operator is applying for exemption under the Non-Local Higher and Professional Education (Regulation) Ordinance
⁺ The School is applying for listing these programmes as CEF reimbursement courses

Proposed term of study: ☐ Sep 2024 Term ☐ Jan 2025 Term ☐ Apr 2025 Term ☐ Sep 2025 Term
(Please ☒ where appropriate.) Term:2245 Term:2265 Term:2280 Term:2345

Application Fee: HK\$150 Cheque/ Bank Draft No: _____

1. PERSONAL PARTICULARS

Name as on ID Card (Mr./ Ms.): _____
(Surname first) Chinese Characters (if appropriate)

HKID Card/passport No.: _____ Nationality: _____ Marital Status: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Correspondence Address: _____

Home Tel. No.: _____ Office Tel. No.: _____ Fax No.: _____

Mobile/ Pager No.: _____ E-mail: _____

Occupation: _____ Position: _____

Employer's Name: _____ Date of Employment: _____

δ Received the sum imprinted
Application fee is not refundable.

δ Received the sum imprinted

Name: _____

Full Postal Address: _____

Please also complete this part

Note: This application acknowledgment is not complete without validation by official printing machine entry of the details at δ above at the University or Town Centre office of the School of Professional and Continuing Education, The University of Hong Kong.

2. **SCHOOL/ACADEMIC INSTITUTIONS ATTENDED** (Secondary and above)

School / Academic Institution	Level reached	Date of attendance From to	Part time or Full time

3. **ACADEMIC QUALIFICATIONS** (Secondary and above)

Name of award	Class or level	Date of award	Main subject

4. **WORKING EXPERIENCE** (in chronological order)

Company	Position held	From (month/year)	To (month/year)

University of Hong Kong School of Professional and Continuing Education

Note: The whole of this form together with the application fee and supporting documents should be addressed to "Business Logistics Programme, College of Business and Finance, HKU SPACE, 34/F, United Centre, 95 Queensway, Hong Kong".

Bank drafts and crossed cheques should be made payable to "HKU SPACE".

Application Fees paid are not refundable.

5. **ADDITIONAL INFORMATION**

Give any other information you wish to support your application, including a list of your publications (if applicable).

Continue on a separate sheet if necessary

6. **DECLARATION**

I, _____ (full name) declare that the information given in support of this application is accurate and complete, and I authorize the University to obtain and to release, any and all information about my candidature for the purposes of admission, academic qualifications verifications, academic / non-academic activities, announcements and public relations and academic research.

Signature: _____ Date: _____

APPLICATION PROCEDURE:

(i) All applications must be accompanied by:

Copy of permanent HKID Card;

Copy of valid Visa (for non-local student only);

Certified true copies of the academic certificates and transcripts (e.g. HKCEE, HKALE);

Company letter in recommending your application or proof of your working experience;

Non-refundable crossed cheque of HK\$150 payable to "HKU SPACE" as the application fee.

(ii) Submit the application form in person at any enrolment centres:

** Certify true copy is required.*

Enrolment Centres	Opening Hours	Enquiries
HKU Campus (3/F, T.T. Tsui Building, The University of Hong Kong, <i>Next to Swire Hall</i>)	8:30 - 6:00 pm (Monday to Friday) Closed (Saturday)	2975 5680
Admiralty Learning Centre (3/F, Admiralty Learning Centre, 18 Harcourt Road, Hong Kong, <i>Exit A, Admiralty MTR Station</i>)	8:30 - 7:30 pm (Monday to Friday) 8:30 - 5:30 pm (Saturday)	3761 1111
Island East Campus (2/F, 494 King's Road, North Point, Hong Kong, <i>Exit B3, North Point MTR Station</i>)	8:30 - 7:30 pm (Monday to Friday) 8:30 - 5:30 pm (Saturday)	3762 0000
Fortress Tower Learning Centre (1/F, Fortress Tower, 250 King's Road, North Point, Hong Kong, <i>Exit B, Fortress Hill MTR Station</i>)	8:30 - 7:30 pm (Monday to Friday) Closed (Saturday)	3762 0888
Kowloon East Campus (1/F, 28 Wang Hoi Road, Kowloon Bay, Kowloon, <i>Exit B, Kowloon Bay MTR Station</i>)	8:30 - 7:30 pm (Monday to Friday) 8:30 - 5:30 pm (Saturday)	3762 2222
Po Leung Kuk Community College (HPCC) Campus (1/F, HPCC Campus, 66 Leighton Road, Causeway Bay, Hong Kong, <i>Exit A, Causeway Bay MTR Station</i>)	9:00 - 5:30 pm (Monday to Friday) Closed (Saturday)	3923 7171

OR by post to

** Interview is required for certify true copy.*

Business Logistics Programme, College of Business and Finance, 34/F, United Centre, 95 Queensway, Hong Kong.

COVID-19 Control Measures at HKU SPACE 2019 冠狀病毒病防疫措施

To minimize the risk of COVID-19 transmission in learning centres and offices and to keep the HKU SPACE community safe, access to the HKU campus or HKU SPACE premises will need to comply with the tightened measures in line with the University. Please refer to details on implementation on our Website/ Learner Portal and please do note that there may be further updates from time to time to take account of possible changes in the Government guidelines and University arrangements.

為防範及控制2019冠狀病毒病的傳播以及保障學院學員及員工的安全，進入香港大學校園或香港大學專業進修學院處所，皆須遵從與香港大學一致的收緊防疫措施，請密切留意學院網頁及學員網站公佈的具體細節，並須留意有關運作可能不時跟隨政府及大學的安排而作調整。

For University Use: This part should be left blank
Decision to be completed by Head of Department or his nominee.

1. OFFER (Unconditional)

		Admitted to
	Qualification	Regular Stream: Professional Diploma in Business Logistics Management
	Experience	
	Age	

2. OFFER (Conditional): subject to the student meeting the following conditions:

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3. REJECT

	Inadequate qualifications	
	Inadequate / irrelevant experience	
	Course / research facilities not available	
	Other	

Refer To: _____

Signature _____

Date: _____