



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 admission purposes only. 所有資料只用作入學申請用途。

SECTION 1 – STUDENT DETAILS 學生資料 (Please complete in CAPITAL LETTERS 請以大階填寫)			
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 英文姓	Given Name 英文別名	Name in Chinese 中文姓名	
Date of Birth 出生日期 (mm/dd/yyyy) (月/日/年) e.g. Dec 25, 2003	Age 年齡	Place of Birth 出生地點	Gender 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Religion: 宗教信仰	Ethnicity: 種族	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			

Photo
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 APPLY 課程報讀	
Andrews University Affiliation Programs (Hong Kong) 安德烈大學聯校課程 (香港)	<input type="radio"/> Bachelor of Science in Psychology (Reg. No.: 261680) 心理學理學士
	<input type="radio"/> Bachelor of Health Science in Wellness, with an Emphasis in Fitness (Reg. No.: 262892) 健康科學理學士 (體適能)
	<input type="radio"/> Bachelor of Arts in Religion (Reg. No.: 261684) 宗教學文學士
	<input type="radio"/> Associate of Science in General Business (Reg. No.: 262891) 商務理學副學士
2+2 Degree Programs 2 + 2 大學計劃	<input type="radio"/> Andrews University Interested Major 有興趣的學科: _____
	<input type="radio"/> La Sierra University Interested Major 有興趣的學科: _____
	<input type="radio"/> Kettering College Interested Major 有興趣的學科: _____
	<input type="radio"/> Pacific Union College Interested Major 有興趣的學科: _____
	<input type="radio"/> Southern Adventist University Interested Major 有興趣的學科: _____
Hong Kong Adventist College Programs 香港三育書院課程	<input type="radio"/> Walla Walla University Interested Major 有興趣的學科: _____
	<input type="radio"/> Higher Diploma in Health and Rehabilitation Services 健康與復康服務高級文憑 HKCAAVQ No.: 21/000501/L4 Period: 01/06/2021 - 31/05/2027
	<input type="radio"/> Diploma in Pre-University Studies 大學先修文憑 HKCAAVQ No.: 13/000572/L3 Period: 01/09/2012 - 31/08/2027

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. 2018	To 至 (Year 年) e.g. 2024	Qualification 學歷 e.g. Form 6

SECTION 5 – FAMILY CONTACT INFORMATION 家庭聯繫信息			
Father 父親	Name in English 英文姓名:	Name in Chinese 中文姓名:	Occupation 職業:
	Mobile Tel. 手提電話:	Email 電郵地址:	
Mother 母親	Name in English 英文姓名:	Name in Chinese 中文姓名:	Occupation 職業:
	Mobile Tel. 手提電話:	Email 電郵地址:	
Guardian 監護人	Name in English 英文姓名:	Name in Chinese 中文姓名:	Occupation 職業:
	Mobile Tel. 手提電話:	Email 電郵地址:	Relationship 關係:
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:	Occupation 職業:
	Mobile Tel. 手提電話:	Email 電郵地址:	Relationship 關係:

SECTION 6 – REFERENCES 推薦 (For Oversea Student Only 僅限國際學生)				
Please provide us with two references (<i>individuals not related to you</i>). 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. 請提供兩名推薦人(和你沒有親屬關係的)。其中一名必須為校長、副校長、監護人或老師、牧師或教授。提供完整及正確的資料，包括一個正在使用的電郵地址。				
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 7 – RESIDENCE 住處	
Do you need dormitory services? 你是否需要學校宿舍服務?	<input type="checkbox"/> No 不需要 <input type="checkbox"/> Yes 需要 (<input type="checkbox"/> 5 days 天/ week 星期 <input type="checkbox"/> 7 days 天/ week 星期)

SECTION 8 – 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 / Newspaper / Leaflet 雜誌 / 報紙 / 傳單 (Please specify) (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"/> Social Media / Website 社交媒體 / 網站 (Please specify) (請註明): _____
<input type="checkbox"/> Friends or Family 朋友或家人	<input type="checkbox"/> HKAC Program Seminar in Your School 校內的升學講座	<input type="checkbox"/> HKAC Website (www.hkac.edu) 香港三育書院網頁
<input type="checkbox"/> HKAC / HKAA Staff or Student / SDA Church Member 香港三育書院 / 香港復臨學校職員或學生 / 安息日會教友 (Please Specify) (請註明): _____	<input type="checkbox"/> Education Expo / Road Show 升學展覽 / 宣傳街站 (Please Specify) (請註明): _____	<input type="checkbox"/> Others 其他: (Please specify) (請註明): _____

SECTION 9 – REQUIRED DOCUMENTS 所需文件
<input type="checkbox"/> Application fee: (Local - HK\$200 / Oversea - HK\$500) 報名費: (本地學生 - 港幣 \$ 200 / 海外學生 - 港幣 \$ 500) <input type="checkbox"/> Official copy of public examination result slip (such as: HKDSE) 公開試成績表副本 (例如: 香港中學文憑試) <input type="checkbox"/> Official copy of high school graduation Diploma 中學畢業證書副本 <input type="checkbox"/> Official copy of Form 5 and Form 6 school reports 中五及中六校內成績表副本 <input type="checkbox"/> A copy of HKID Card / Passport 身份證 / 護照副本 1 張 <input type="checkbox"/> 1 Passport-sized photo 證件相尺寸照片 1 張 <input type="checkbox"/> 2 Recommendation Letter (Overseas Applicants Only) 推薦信 2 份 (只適用於海外申請人)

SECTION 10 – CONSENT DETAILS 同意書		
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 is 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. 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。		
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 (只供校方填寫)			
APPLICATION FORM	DATE RECEIVED IN HKAC _____ (MM/DD/YYYY)	DATE SUBMITTED TO ANDREWS UNIVERSITY _____	(MM/DD/YYYY)
APPLICATION FEE PAID	TUITION \$ _____	DATE _____ (MM/DD/YYYY)	RECEIPT NUMBER _____
FEES PAID	TUITION \$ _____	DATE _____ (MM/DD/YYYY)	RECEIPT NUMBER _____
ID#	HKAC _____	ANDREWS UNIVERSITY	