香港都會大學
HONG KONG METROPOLITAN UNIVERSITY

機密 CONFIDENTIAL

Verification of Qualification - Consent Form

Please complete **Part A** of this consent form and upload the signed consent form to the online application system to authorize the Admissions & Enrolment Team of the Registry to perform verification of your previously obtained award/examination result/study record/qualification directly with the awarding body/examination authority/ academic institution, as part of the admissions process for the taught postgraduate programme at Hong Kong Metropolitan University. Please note that if you do not submit a completed and signed consent form, the University will NOT process your admission application.

請填寫本同意書的 **甲部** ，並將已**親筆簽署**的同意書上載到網上申請系統，以授權教務處入學及註冊組直接向你獲頒學位或資格或就讀的學校/機構/組織進行學歷核實。學歷核實為 香港都會大學授課式研究生課程 審核入學申請的重要部分。請注意，如你未能遞交完整填寫並簽署的同意書，大學將不會處理你的入學申請。**此文件必須以英文填寫。**

Part A - To be completed by the applicant:

Personal Information of Applicant

Name: Fu (Surname / Family Name) LinTing (Other Name)

Date of Birth (dd/mm/yyyy): 01/04/2002

Phone Number: +86 18669269319

Email Address: 1786664988@qq.com

By signing this consent form:

- **I (the applicant) authorize the Admissions & Enrolment Team of the Registry of Hong Kong Metropolitan University to obtain, and the relevant examination authorities, assessment bodies or academic institutions in Hong Kong and elsewhere to release any and all information about my public examination results, records of studies or professional qualifications, as part of the qualification verification process for my admission application to the taught postgraduate programme at Hong Kong Metropolitan University.**
- **I authorize the University to use my data in this form for the purpose of obtaining such information.**
- **I accept that all the data the University is authorized to obtain will be used for purposes related to the processing and administration of my application within the university context.**
- **I understand that the University will not process my admission application if I fail to provide all information as requested.**

Applicant name: Fu LinTing

Applicant signature: FuLinTing Date: 26/12/2024

Part B - To be completed by the Awarding Bodies Examination Authorities or Academic Institutions:

To officer responsible for graduation/student records:

The applicant whose name appears in Part A above is applying/has applied for admission to a taught postgraduate programme at Hong Kong Metropolitan University. Please verify the information of his/her qualification previously obtained at your institution/organization, and provide your certification below.

Name of Awardee: Fu LinTing

Award / Qualification Conferred: Bachelor of Accounting Date of Conferral:

Certified by (Name & Position): MIN FENG section chief

Institution/University Official Stamp: 教务处 Academic Affairs office