

Form FASP/C/1B

By Mail:

Student Finance Office
Working Family and Student Financial Assistance Agency
Rm 606, 6/F, One Mong Kok Road Commercial Centre,
1 Mong Kok Road, Kowloon.
(Attn.: Offer Calculation and Notification Unit)

By Fax: 2157 9532

Through SFO Drop-in Boxes: 11/F (during office hours) or G/F lift
lobby (outside office hours) of the Cheung Sha Wan Government Offices

2024/25 Academic Year
Financial Assistance Scheme for Post-secondary Students (“FASP”) and / or
Non-means-tested Loan Scheme for Post-secondary Students (“NLSPS”)
Notification of Change of Institution / Course Data

(The following items are mandatory)

Name:	Application Reference No.:
HKIC No.:	Original Institution:

Please tick if you have applied for assistance under FASP 2024/25. ☐

Please tick if you have applied for assistance under the Student Travel Subsidy Scheme (“STS”) 2024/25. ☐

Please tick if you have applied for assistance under NLSPS 2024/25. ☐

Part I: Data Changed (To be completed by the applicant)

(A) New institution / Course Data:

(Please attach photocopy of relevant documentary proofs which indicate your change of institution / course data. For example, student card; certification letter from institution or tuition fee demand note, etc.)

Student Card No.:

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 (Left justified)

Institution Name: _____

Institution Course / Programme Name: _____

SFO Course Code #:

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Please refer to SFO course coding sheet available at our website (http://www.wfsfaa.gov.hk/faspccs_e.htm) to complete the code.

SFO Course Description: _____

Expected graduation date: _____
(MM/YYYY)

Credit Unit:

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(Applicable to applicants whose tuition fee payable is calculated based on the number of credit units taken.)

(B) Remarks:

For Office Use Only			
Unit	DA/P*	Initial	Date
OCNU			
NLSPS			
APR(FASP)			

Signature of applicant : _____

Date : _____

(The following items are mandatory)

Name: _____	Application Reference No.: _____
HKIC No.: _____	Original Institution: _____

Part II: Certification by Institution (Please refer to Note below)

This is to certify that the applicant is a registered ☐ full-time ☐ part-time student of this institution for the 2024/25 academic year (*please tick in the appropriate box*).

Reasons for amending original amount of tuition fee (please tick in the appropriate box):

- ☐ suspend / defer study ☐ resume study ☐ repeat failed modules ☐ repeat study (Year:)
- ☐ obtain scholarship for tuition fee remission ☐ others (please specify) _____

Courses and tuition fee information for the 2024/25 academic year:

Course Description:	Course Code:	Year of Study:	Tuition Fee Payable:	Total Tuition Fee Payable*:
(1)			HK\$ (whole year / 1 st / 2 nd semester)	= HK\$
(+ / -) _____ (number of) courses / subjects (Please delete where inapplicable)				
(2)			HK\$ (whole year / 1 st / 2 nd semester)	
*Total Tuition Fee Payable in the 2024/25 Academic Year		already deducted the tuition fee of programmes not covered by FASP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
		already deducted tuition fee discount from Institution (e.g. Entrance Scholarship): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		

The applicant's period of attendance and the number of term days in the 2024/25 academic year are (please tick in the appropriate box):

- ☐ 1st semester / term only ☐ 2nd semester / term only ☐ whole year
- ☐ others (please specify) From _____ to _____
DD/MM/YYYY DD/MM/YYYY

Number of term days : (*The number of term days is applicable for calculation of travel subsidy. Please refer to the information of the term days provided in September 2024.*)

- ☐ The number of term days is the **same as** the information provided in September 2024
- ☐ The number of term days is **different** from the information provided in September 2024 and the number is _____ days

Signature: _____

Name: _____ Position: _____

Institution: _____ Date: _____

Contact Telephone No. / Fax No.: _____

Institution's Chop

For Office Use Only			
Unit	DA/P*	Initial	Date
OCNU			
NLSPS			
APR(FASP)			

Signature of applicant: _____

Date: _____

c.c. STS Section *DA : Data amended P : Already passed to data input

Note: Institution refers to the one organising the new course covered by FASP and / or NLSPS. If (i) your tuition fee for the 2024/25 academic year is different from the one shown on the course coding sheet of your institution; or (ii) if you are not required to attend whole year study in the 2024/25 academic year, you must ask your institution to complete this part.