

## 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

**2025/26 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 2025/26. ☐

Please tick if you have applied for assistance under the Student Travel Subsidy Scheme (“STS”) 2025/26. ☐

Please tick if you have applied for assistance under NLSPS 2025/26. ☐

**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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Institution Name: \_\_\_\_\_

Institution Course / Programme Name: \_\_\_\_\_

SFO Course Code #: 

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# Please refer to SFO course coding sheet available at our website ([https://www.wfsfaa.gov.hk/faspcss\\_e.htm](https://www.wfsfaa.gov.hk/faspcss_e.htm)) to complete the code.

SFO Course Description: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

(MM/YYYY)

Credit Unit: 

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(If you have enrolled in a programme which is charged on credit-based mode, please fill in the box.)

**(B) Remarks:**

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Unit	DA/P	Initial	Date
OCNU			
NLSPS			
APR(FASP)			

Signature of applicant : \_\_\_\_\_

Date : \_\_\_\_\_

DA : Data amended / P : Already passed to data input  
c.c. STS Section  
FASP/C/1B(2025)

(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 2025/26 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:    )
- ☐ receive scholarship for tuition fee remission ☐ others (please specify) \_\_\_\_\_

**Courses and tuition fee information for the 2025/26 academic year:**

Course Description:	Course Code:	Year of Study:	Tuition Fee Payable (HK\$):	Total Tuition Fee Payable (HK\$):
(1)			(whole year/1 <sup>st</sup> /2 <sup>nd</sup> semester)*	
(+ / -) _____ number of courses / subjects *				
(2)			(whole year/1 <sup>st</sup> /2 <sup>nd</sup> semester)*	
Total Tuition Fee Payable in the 2025/26 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		

\*(Please delete where inapplicable)

**The applicant's period of attendance and the number of term days in the 2025/26 academic year are (*please tick in the appropriate box*):**

- ☐ 1<sup>st</sup> semester / term only   ☐ 2<sup>nd</sup> 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 2025.*)

- ☐ The number of term days is the **same as** the information provided in September 2025
- ☐ The number of term days is **different** from the information provided in September 2025 and the number is \_\_\_\_\_ days

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Telephone No. / Fax No.: \_\_\_\_\_

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

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 2025/26 academic year is different from the one shown on the course coding sheet of your institution; or (ii) you are not required to attend whole year study in the 2025/26 academic year, you must ask your institution to complete this part.

c.c. STS Section

FASP/C/1B(2025)

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_