

Form FASP/C/1B

To: Student Finance Office
Working Family and Student Financial Assistance Agency
(Attn.: Offer Calculation and Notification Unit)
Rm 606, 6/F, One Mong Kok Road Commercial Centre,
1 Mong Kok Road, Kowloon.
(Fax No.: 2157 9532)

本表格備有中文版本。如有需要，可向學生資助處或所屬院校索取，或在本處網頁
<http://www.wfsfaa.gov.hk/sfo/tc/forms/form.htm>
下載。

Financial Assistance Scheme for Post-secondary Students and/ or Non-means-tested Loan Scheme for Post-secondary Students (2020/21) Notification of Change of Institution/ Course Data

(The following items are mandatory)

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

Please tick if you have applied for assistance under the Financial Assistance Scheme for Post-secondary Students (FASP) 2020/21.

Please tick if you have applied for assistance under the Student Travel Subsidy Scheme (STS) 2020/21.

Please tick if you have applied for assistance under the Non-means-tested Loan Scheme for Post-secondary Students (NLSPS) 2020/21

Part I: Data Changed (To be completed by applicant) (Please refer to Note 1 overleaf)

(A) Original Institution/Course Code on Application:

Original Institution Name: _____

Original SFO Course Code:

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(B) New institution/Course Data:

Student No.:

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 (Left justified)

New Institution Name: _____

New Institution Course/Programme Name: _____

New SFO Course Code:

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Please refer to SFO course coding sheet available at the SFO's Homepage (<http://www.wfsfaa.gov.hk/sfo/en/postsecondary/fasp/general/coding.htm>) to complete the code.

New SFO Course Description: _____

Expected graduation date: _____
(MM/YYYY)

Credit Unit:

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

Year of study: _____ ('1' for Year 1, '2' for Year 2, etc.)

Tuition fee payable in the 2020/21 academic year: _____

(C) Remarks:

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

(The following items are mandatory)

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

Part II: Certification by Institution (Please refer to Note 2 below)

This is to certify that the applicant is a registered full-time part-time (please tick in the appropriate box) student of this institution for the 2020/21 academic year.

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

- suspension/ deferment of studies resume studies repeat failed modules repeat study (Year:)
- obtain scholarship for tuition fee remission Others (please specify) _____

Courses and tuition fee information for 2020/21 academic year:

Course Description:	Course Code:	Year of Study:	Tuition Fee Payable:	Total Tuition Fee Payable*:
(1)			\$ (whole year/ 1 st / 2 nd semester)	= \$
(+ / -) _____ (number of) courses / subjects (Please delete where inapplicable)				
(2)			\$ (whole year/ 1 st / 2 nd semester)	
*Total Tuition Fee Payable in 2020/21 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 Institutions (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 day in the 2020/21 academic year is: (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 day : (The number of term day is applicable for calculation of travel subsidy. Please refer to the information of the term day provided in September 2020)

- The number of term day is the **same as** the information provided in September 2020
- The number of term day is **different** from the information provided in September 2020 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 1: Please attach photocopies of relevant documentary proofs which indicate your change of institution/course data. For example, student ID card; certification letter from institution or tuition fee demand note, etc.

Note 2: Institution refers to the one organising the new course covered by this application. If (i) your tuition fee for the 2020/21 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 2020/21 academic year; you must ask your institution to complete this part.