## THE UNIVERSITY OF HONG KONG Request to Update Local/Non-local Status

University No.										Mobile:						
Nam	e in English (surname first)								-							
Curr	iculum attended, e.g. BA									Curr	ent	Year	of S	tudy		
I wish to update my local/non-local status from:						Local to non-local										
(Please  to indicate your request)						No	n-lo	cal	to 1	local						
	se v to indicate the document	•			_											
Holder of one of the following document(s) is having <b>Local</b> student status.																
	HKID Card (Permanent)															
	Documents issued by the HK Immigration Dept. showing right to land/right of abode in HK															
	One-way Permit for entry to Hong Kong															
	Full-time employment visa/work permit															
	Dependent VISA (students who are <u>below aged 18 years old</u> when they were issued with such visa by the															
	Director of Immigration															
	Entry permit for Quality Migrant Admission Scheme															
	Entry permit for Capital Investment Entrant Scheme															
	Admission Scheme for the 2 <sup>nd</sup> Generation of Chinese HK Permanent Residents															
VISA label for unconditional stay																
For <b>non-local</b> students:																
	Student VISA/Entry permit															
	VISA under the Immigration Arrangements for Non-local Graduates (IANG)															
	Dependent VISA (students who are aged 18 years old or above when they were issued with such visa by the															
	Director of Immigration															
	RF Recognizance Form															
Sig	nature of Student:									Date:						
Note	es:															
1. The form should be duly completed by student and return to Faculty Office accompany by official																
	document(s) which certified the status indicated above.															
	After Faculty Office has examined the documents and accepted your request, they will pass your															
	request and relevant documents to the Student Records Office of the Academic Support &															

## TO BE COMPLETED BY THE FACULTY OFFICE

Examinations Section of the Registry for updating.

	Date Sent	Initial Signature
Faculty Office sent <b>the form</b> to ASE with attachment(s)		
By(Name)		