

Hong Kong Shue Yan University Activity Application Reply Slip

Name of School:		
Address:		
Telephone:	Email:	
Person-in-Charge:		

Mailing of Shue Yan Admission Compass

If you do not need a seminar or other activities but want to have some copies of Shue Yan admission compass, please write the number of copies you need (No. of copies _____)

Activity Application

Please select the activities with a tick ($\sqrt{}$) below (you may select more than 1 activity), and please fill in the information for arrangement accordingly. Thank you!

*If the person-in-charge is the same as the aforementioned person, you need not write again.				
Date (dd/mm/yy):		Time:		
Mode of seminar:	□ Onsite □ Online			
Venue:		Estimated no. of attendees:		
Level of Students:		Name of Person- in-Charge on the day*:		
Email of Person- in-Charge*:		Telephone of Person-in-Charge *:		

1a. \Box Admission Talk (Onsite or Online)

Do you need an in-depth introduction of specific programme(s)? \Box Yes \Box No

If yes, please select the programme(s) with a tick (v) (1 we programmes in maximum)				
Chinese	□ Accounting	Counselling and		
		Psychology		
□ English	Business Administration	Psychology		
History	□Business Administration in Digital	Sociology		
	Marketing			
Journalism and Mass	□Business Administration in Corporate	Social Work		
Communication	Governance and Risk Management			
Economics and Finance	□Business Administration in Human □ Law and Business			
	Resources Management – Applied			
Psychology				
□ Financial Technology (this is a SSSDP programme should be applied via JUPAS. JUPAS Code: JSSY01)				

If yes, please select the programme(s) with a tick ($\sqrt{}$) (Two programmes in maximum)

D. D. Education Exhibition (Onsite of Online)				
Date (dd/mm/yy) :			Time:	
Mode of seminar:	□ Onsite	□ Online		
Venue:			Estimated no. of attendees:	
Level of Students:			Name of Person- in-Charge on the day*:	
Email of Person-in- Charge*:			Telephone of Person-in-Charge *:	

1b. \Box Education Exhibition (Onsite or Online)

1C. \Box Campus Tour at SYU

Date (dd/mm/yy):	Time:
Level of Students:	Estimated no. of attendees:
Name of Person-in- Charge on the day*:	Telephone of Person- in-Charge*:
Email of Person-in- Charge*:	

We apologize that SYU can only accommodate 50 to 60 students and teachers for each visit due to limited capacity.

2a. Mock University Admission Interview Workshop (Onsite or Online)

Date (dd/mm/yy):			Time:
Mode of workshop:	□ Onsite	□ Online	
Venue:			Estimated no. of attendees:
Level of Students:			Name of Person- in-Charge on the day*:
Email of Person-in- Charge*:			Telephone of Person-in- Charge*:

We welcome senior students to participate in this activity. The current S6 students will be given priority.

2b. \Box Teachers Development Workshop (Onsite or Online)#

Date	(dd/mm/yy):			Time:	
Mode	of workshop:	\Box Onsite \Box O	nline		
Venue	e:			Estimated no. of attendees:	
	of Participating he person-in-charg		e than 5	participants, please li	st in a separate sheet. Please
	Teacher's name (Chi)	Teacher's name (Eng)	Title/ Subje	Teaching acts	Email/Telephone (for delivery of latest information and announcement)
1.					
2.					
3.					
4.					
5.					

Note: If there are 5 or more participants, we can conduct the workshop on-campus. If the number of participants is less than 5, the workshop will be conducted online.

3. \Box Popular Thematic Talks (Please refer to the brochure for the talk topics)

Date (dd/mm/yy):			Time:	
Mode of talk:	□ Onsite	□ Online		
Venue:			Estimated no. of	
			attendees:	
Level of			Name of	
Students:			Person-in-	
			Charge on the	
			day*:	
Email of Person-			Telephone of	
in-Charge*:			Person-in-	
			Charge*:	

Please fill in up to 5 choices of talks (with 1 as the highest priority), we will try to arrange <u>ONE</u> talk according to your choice(s).

Choice	Talk Number	Topic of Talk
1.		
2.		
2		
3.		
4.		
5.		

4. □ **HKSYU** Information Day

If you choose this option, we will send the Info-day brochures and other promotional materials to your school beforehand. We will also reserve seats for your students if they would like to join the seminars on that day.

5. □ Other Activities

Date (dd/mm/yy)		Time:
Venue:		Name of Person-in- Charge*:
Email of Person-in- Charge*:		Telephone of Person-in-Charge*:
Nature of Activity:	□ Seminar / Workshops	
	□ Judge in a competition	
	Others:	
Details of this		
activity:		