

The Chinese University of Hong Kong
Department of Psychology

*Request for
Certificate of Specialization*

Student Name _____
Email Address _____

Student ID _____
Contact No. _____

Request for Certificate of Specialization in the following concentration area(s):
(You may select more than one area, please "✓" and attach a copy of relevant Academic Report(s)):

- Cognitive Science
- Education and Human Development
- Social and Industrial-Organizational Psychology
- Psychology and Health

Relevant Courses Taken (attach a copy of relevant Academic Report(s) and write the grade you received beside the course code)

Course Code	Grade

Course Code	Grade

Relevant Courses Currently Taking

Course Code	Grade (office use only)

Course Code	Grade (office use only)

Student's Signature

Date

For students graduating in the 1st term, form should be submitted to the General Office, Department of Psychology on or before 30 December.

For students graduating in the 2nd term, form should be submitted to the General Office, Department of Psychology on or before 30 April.