

**UOW College Hong Kong**  
**Test Sponsorship Scheme**  
**Korean Language Ability Test (KLAT)**

**Notes to Applicants**

UOW College Hong Kong (UOWCHK) provides 50% reimbursement of the test fee for the Korean Language Ability Test (KLAT) for up to 25 eligible students each academic year. Through this test sponsorship scheme, we wish to acknowledge and reward the hard work of students who strive to improve their language proficiency.

**Eligibility**

1. Students enrolled in UOWCHK Diploma, Associate Degree or Bachelor Degree programmes and have obtained Level 2 in Korean Language Ability Test (KLAT) may submit an application during their course of study in the programme.
2. Application for reimbursement must be submitted within 3 months upon the release of KLAT results;
3. Students can only be reimbursed ONCE for the KLAT test taken during their studies in the College; and
4. Students must take the test at UOWCHK test centre.

**Application Procedures**

1. Students should submit the completed form together with all the relevant documents in person to the College office at 1/F, 18 Che Kung Miu Road, Tai Wai, New Territories, Hong Kong (Tai Wai Campus).
2. Applications will be accepted on a first-come first-served basis.



**UOW**  
COLLEGE  
HONG KONG  
香港伍倫貢學院

Part of  
UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA

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**Korean Language Ability Test (KLAT)**

Note:

1. Please read the **Notes to Applicants** before completing this form.
2. Please complete all items in **BLOCK** letters with a blue or black pen.

**Personal Particulars**

Student Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

Student No.: \_\_\_\_\_ Day-time Contact No.: \_\_\_\_\_

Programme of Study: \_\_\_\_\_ (Full-time/Part-time)\*

E-mail address: \_\_\_\_\_

\* *Please delete as appropriate*

**Information for Reimbursement**

KLAT Test Date: \_\_\_\_\_ KLAT Score: \_\_\_\_\_ Test Fee Paid: HK\$ \_\_\_\_\_

**Declaration**

I declare that the information provided by me in this reimbursement claim form is complete and true to the best of my knowledge. I also declare that I have not obtained any financial assistance for the fees to be reimbursed from other funding.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Document Checklist**

- A copy of the KLAT Test Report Form
- The **original** payment receipt of the KLAT test
- A copy of Student ID card
- The completed Bank Account Information Form together with a copy of your bank statement / card / first page of passbook (your name must be shown on the document. Please print on single sides.)

**(FOR OFFICE USE ONLY)**

Evaluation: This application is approved / not approved.

Remarks: \_\_\_\_\_

Checked by: \_\_\_\_\_

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

Approved by: \_\_\_\_\_

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

***Use of Information: Information provided by the applicant in this form will be treated as strictly confidential and will be used by the College for record checking only.***

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**Bank Account Information Form**

Student Name: \_\_\_\_\_ Student ID no.: \_\_\_\_\_  
(in BLOCK LETTERS)

To facilitate payment of the Korean Language Ability Test (KLAT) Test Sponsorship Scheme, you are requested to provide below the details of the bank account to which you would like the payment to be credited.

Bank Account Name: \_\_\_\_\_  
(In BLOCK LETTERS, as shown on your bank statement / card / passbook)

Bank Account Number: \_\_\_\_\_  
(As shown on your bank statement / card / passbook)

Name of Bank & Branch: \_\_\_\_\_

Please note the following:

1. Payment to a third party account is not allowed.
2. The purpose of collection of personal data in this form is for the processing of student payment.
3. As a data subject, you have the right to request access to and correction of personal data supplied in this form.
4. Any request for access to and correction of personal data supplied in this form should be directed to the Finance Team of UOWCHK.
5. Any subsequent updating of the bank account details will supersede the above information, and the updated information will be used for payment processing.

I agree to the above and hereby agree that UOW College Hong Kong is granted the authority to make payment to me to the above bank account.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date