THE UNIVERSITY OF HONG KONG

<u>Department of Earth Sciences</u>
<u>Application for Leave</u>
(Taught Postgraduate Student)

A. FOR COMPLETION BY STUDENT

1.	University No:		Name:	Name:	
	Tel. No.:	(Mobi	Surname le)	Last name (Home)	
	Year:	Theme:			
	Mode: Part-time/Full-time* Email address:				
2.	Purpose and Details of Leave: (please tick as appropriate)				
	☐ Vacation Leave				
	From	(dd/m	m/yyyy) to	(dd/mm/yyyy)	
	Reason(s):				
	his/her sick leave. Student shall submit an application for sick leave and it must be accompanied by a certificate signed by a registered medical practitioner. A student who is unable for reasons of health to attend for a period of more than twelve continuous months shall be regarded as having withdrawn from his studies but may apply again for admission to the same or to another curriculum provided that he submits a certificate signed by a registered medical practitioner to the effect that his state of health will permit him to resume and to complete his studies.)				
	From	(dd/m	m/yyyy) to	(dd/mm/yyyy)	
	Reason(s):				
3.	I will / will not* leave Hon	g Kong for	(destination) from	to	
	Date: * Delete as appropriate		Signature:		
В.	DECISION OF PROGRAMME DIRECTOR				
	☐ I recommend/approve* the grant of leave				
	for the period stated for the period from		to	_	
	I do not recommend/approve* the grant of leave. Remarks (if any):				
	Date: Signature: Programme Director or representative				
			Programme Directo	or or representative	