THE UNIVERSITY OF HONG KONG
Department of Earth Sciences
Application for Leave
(Taught Postgraduate Student)

A. FOR COMPLETION BY STUDENT

1. University No: __________________________ Name: __________________________

Tel. No.: __________________________ (Mobile) __________________________ (Home)

Surname Last name

Year: __________________________ Theme: __________________________

Mode: Part-time/Full-time* Email address: __________________________

2. Purpose and Details of Leave: (please tick as appropriate)

☐ Vacation Leave

From __________________________ (dd/mm/yyyy) to __________________________ (dd/mm/yyyy)

Reason(s): __________________________

☐ Sick Leave (Refer to HKU General Regulations G8: The student shall inform Department immediately of 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unable for reasons of health to attend for a period of more than twelve continuous months shall be regarded as having withdrawn from his studies but may apply again for admission to the same or to another curriculum provided that he submits a certificate signed by a registered medical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/mm/yyyy) to __________________________ (dd/mm/yyyy)

Reason(s): __________________________

3. I will / will not* leave Hong Kong for ____________ (destination) from ____________ to ____________.

Date: __________________________ Signature: __________________________

* Delete as appropriate

B. ENDORSEMENT FROM PROJECT ADVISER

☐ I support the grant of leave

☐ for the period stated in section A2

☐ for the period from __________________________ to __________________________

☐ I do not support the grant of leave for the activity described.

Remarks (if any): __________________________

Name of Project Adviser: __________________________ Signature: __________________________

Date: __________________________

C. DECISION OF PROGRAMME DIRECTOR

☐ I recommend/approve* the grant of leave

☐ for the period stated in section A2

☐ for the period from __________________________ to __________________________

☐ I do not recommend/approve* the grant of leave.

Remarks (if any): __________________________

Date: __________________________ Signature: __________________________

Programme Director or representative