THE UNIVERSITY OF HONG KONG
FACULTY OF ENGINEERING

Application for Taking Less or More Than the Normal Course Load

Students shall normally select not less than 24 and not more than 30 credit-units of courses in each semester (except the summer semester). Candidate may, of their own volition, take additional credits not exceeding 6 credits in each semester, and/or further credits during the summer semester, accumulating up to a maximum of 72 credits in one academic year.

This form is to be completed by BEng students who wish to select less than 24 or more than 36 credit-units of courses in each semester. The form should be submitted to the Faculty Office (for Year 1 students) / Department concerned (for all other students).

Part I: Personal Particulars

University No: __________________________ Name: __________________________ English in BLOCK Letters (_________)

Tel. No.: __________________________ (Home) __________________________ (Mobile / Pager) __________________________ (Hall & Room No)

Academic Year: _______-_________ Course Year: _______ email address: __________________________

Programme: __________________________ Year admitted: _______

(specify the minor or double degree, if applicable)

Part II: Credit-units of Courses

(A) Number of credit-units of courses you wish to enrol in the current semester: ________ credit-units

(B) Reason: __________________________

(C) The following documents are attached for consideration: (Please tick wherever appropriate)

☐ HKU Examination results in previous semesters and years
   (You can download from Enrollment Information under Student Connect)

☐ The course selection report

☐ other document (If any, please specify: )

Part III: Declaration

I accept that the information provided will be used in matters relating to my application for taking less than 24 or more than 36 credit-unit in each semester. As part of this exercise, it may be necessary to disclose details to internal departments authorized to process the information.

Signature: __________________________ Date: __________________________

FOR OFFICE USE ONLY

For the Department Office Use Only
The application is supported / not supported*. Remarks: __________________________

Date: __________________________ Department Head’s Signature: __________________________

Faculty Office Use Only
Approved/Disapproved

Chairman, Faculty Board
Date: __________________________

* Please delete as appropriate