THE UNIVERSITY OF HONG KONG
FACULTY OF ENGINEERING

Application for Leave of Absence

This form is to be completed by BEng students who wish to apply for leave of absence. The form should be submitted to the Department Office for onward transmission to the Faculty Office.

Student who desires leave of absence for more than two full consecutive days for non-medical reasons shall apply to the Faculty of Engineering stating the reasons for which the leave of absence is sought. Permission for such leave shall be granted only in exceptional circumstances and shall not be granted by reason only that the student has already made arrangement to be absent.

Student who cannot attend for between three and seven days inclusive because of his/her illness shall inform the Faculty of Engineering in writing at the earliest opportunity together with a certificate signed by a registered medical practitioner.

Part I : Personal Particulars

<table>
<thead>
<tr>
<th>University No:</th>
<th>Name: ____________________________</th>
<th>English in BLOCK Letters (___________)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tel. No.: ____________________________</td>
<td>(Mobile / Pager) ____________________</td>
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<td></td>
<td>Academic Year: ___ - ___</td>
<td>Course Year: ___</td>
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<tr>
<td></td>
<td>Programme: ____________________________</td>
<td>Year admitted: ___</td>
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(specify the minor or double degree, if applicable)

Part II : Leave of absence apply for

(A) Period: From _______________ to _______________

(B) Reason: □ Personal leave

□ Sick leave

□ Exchange Studies, Name of University ____________________________

□ HKU commitment (e.g. represent HKU to participate in competition)

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

□ Certificate signed by a registered medical practitioner

□ 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 leave of absence. As part of this exercise, it may be necessary to disclose details to internal departments authorized to process the information.

Signature: ____________________________ Date: ____________________________

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