

APPLICATION FOR SUSPENSION OF STUDIES

(For leave of absence for one term or above)

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

Student I.D. No.:     N/A     Year of Attendance: \_\_\_\_\_

Study/Programme: \_\_\_\_\_

Length of suspension applied\*: From \_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_)  
(dd/mm/yy) Academic Term / Academic Year

to \_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_)  
(dd/mm/yy) Academic Term / Academic Year

\*Normative Period of Study will be extended accordingly (except on recognized student exchange programme)

Reasons (Attach all necessary supporting documents):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

**Notes to the applicants:**

1. The personal data provided on this form will be used by the Hong Kong Institute of Educational Research for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
2. For correction of or access to the personal data after submission of this form, please contact the Office of Hong Kong Institute of Educational Research.
3. Information provided on this form may be transferred to other departments/administrative units within CUHK for consideration and granting approval, where applicable.

**Approval :**

**Programme Co-Director**

Recommended

Not recommended

Condition(s)/Comments \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*For Office Use Only*

Update computer record: \_\_\_\_\_ Date: \_\_\_\_\_

Authenticated by: \_\_\_\_\_ Date: \_\_\_\_\_