

Preparation for Principalship Course for Aspiring Principals

Application for Make-up Class

Name in English: _____ Participant No.: _____

Course: _____ Cycle: _____

Primary / Secondary*

*Delete as appropriate

AR Training / Module Session	Original Session Date	Date of Make-up Class <i>(MUST be the same module session to be conducted in the following cycle.) The exact date will be announced by HKEIR.</i>
Action Research Training Session		
Module _____		
Module _____		
Module _____		
Module _____		
Module _____		

Reason(s) for applying for make-up class (only job-related reason(s) will be accepted):

Signature: _____ Date: _____

Certification of Reason(s) by School Principal:

School Chop and

Principal's Signature: _____ Date: _____

For office use

RESULT:

Approved

Not Approved

Signature: _____ Date: _____

Record Updated
(Student Excel Database) by: _____ Date: _____

Checked by: _____ Date: _____