

THE CHINESE UNIVERSITY OF HONG KONG  
FACULTY OF EDUCATION HONG KONG INSTITUTE OF EDUCATIONAL RESEARCH

NOTIFICATION FOR LEAVE OF ABSENCE

**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 notification. 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, where applicable.

**I. PERSONAL PARTICULARS :**

Name (English)	_____	Name (Chinese)	_____
Contact Phone Number	_____	Contact Fax Number	_____
Study Programme	_____	Year of Admission	_____
Module Title	_____	Module Code	_____
Commencement Date	_____	Email address	_____

**II. DETAILS OF APPLICATION :**

*Leave period:*

From \_\_\_\_\_ To \_\_\_\_\_  
(dd/mm/yy) (dd/mm/yy)

Total \_\_\_\_\_ Day(s)

Reason (Please attach supporting documents, e.g. medical certification):

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

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

*Programme Co-ordinator*

Comments \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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