

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-Director

Comments _____

Signature _____ Date _____

Update computer record: _____ Date _____

Authenticated by : _____ Date _____