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

<u>NOTIFICATION FOR LEAVE OF ABSENCE</u>

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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.

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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 _____

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For Office Use Only

Programme Co-Director / Programme Coordinator

Comments _____

_____

Signature _____   Date _____

Update computer record: _____   Date _____

Authenticated by   : _____   Date _____