



THE UNIVERSITY OF HONG KONG THE UNIVERSITY OF HONG KONG  
SCHOOL OF COMPUTING AND DATA SCIENCE  
Division of AI & Data Science and Division of Computer Science

**Application for Leave of Absence**

This form is to be completed by students who wish to apply for leave of absence. The form should be submitted to the Division Office at Rm 207 Chow Yei Ching Building.

Student who desires leave of absence for more than two full consecutive days for non-medical reasons shall apply to the School of Computing and Data Science stating the reasons for which the leave of absence is sought. Permission for such leave shall be granted only in exceptional circumstances and shall not be granted by reason only that the student has already made arrangement to be absent.

Student who cannot attend for between three and seven days inclusive because of his/her illness shall inform the School of Computing and Data Science in writing at the earliest opportunity together with a certificate signed by a registered medical practitioner.

**Part I: Personal Particulars**

University No:           Name: \_\_\_\_\_  
(Surname) (First Name)

HK Contact Tel. No.: \_\_\_\_\_ HKU Email Address: \_\_\_\_\_

Programme: \_\_\_\_\_ Year Admitted: \_\_\_\_\_ Year of Study: \_\_\_\_\_  
*(specify the minor or double degree, if applicable)*

**Part II: Leave of absence apply for**

(A) Period: From \_\_\_\_\_ to \_\_\_\_\_

- (B) Reason:
- Personal leave
  - Sick leave
  - HKU commitment (e.g. represent HKU to participate in competition)
  - Compulsory military service

The following documents are attached for consideration: *(Please tick wherever appropriate)*

- Certificate signed by a registered medical practitioner
- other document (If any, please specify: \_\_\_\_\_)

**Part III: Declaration**

I accept that the information provided will be used in matters relating to my application for leave of absence. As part of this exercise, it may be necessary to disclose details to internal departments authorized to process the information.

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

**FOR OFFICE USE ONLY**

Approved / Disapproved\*.

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Programme Director's Signature: \_\_\_\_\_

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\* Please delete as appropriate