



THE UNIVERSITY OF HONG KONG
SCHOOL OF COMPUTING AND DATA SCIENCE
Division of AI & Data Science and Division of Computer Science
Application for Special Course Approval

IMPORTANT NOTES TO STUDENTS:

Please complete and submit this form with supporting document (s) (if any) to the Division General Office at Rm 207 Chow Yei Ching Building, the deadline of course selection or add/drop periods.

I. PERSONAL PARTICULARS

Name: _____ (_____) University No :

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English in BLOCK Letters *Chinese, if appropriate*

Curriculum*: _____ Course Year*: 1 / 2 / 3 / 4 / 5 / 6 * Home Faculty: _____

Email address: _____ @connect.hku.hk Tel No.: _____
 (First major) *(Hong Kong contact)*

My Major / Minor Declaration: _____
 (Second major/ minor)* *(if applicable)*

(Please delete as appropriate)

II. APPLICATION DETAILS

My Major / Minor Declaration: _____
 (First major)

 (Second major/ minor)* *(if applicable)*

1) Course Requires Special Approval:

<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									<input type="checkbox"/>	
<i>Computer Course Code</i>	<i>Credit</i>	<i>Course Title</i>								

2) Reason(s):

<input type="checkbox"/>	A: Timetable clashes <i>(You should capture screenshots of the timetables for your listed courses that have time conflicts)</i>	
<input type="checkbox"/>	B: Prerequisite not met <i>(Please specify:)</i>	
<input type="checkbox"/>	C: Others <i>(Please specify:)</i>	

3) Justification (please use an additional sheet if necessary):

4) The supporting documents are attached for consideration

III. DECLARATION

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

Signature : _____ Date: _____

FOR OFFICIAL USE ONLY

Approval by _____ Approve Reject Date: _____
 Course _____
 Coordinator _____

Comments to student:

(This will be shown to the student directly in email if you reject/endorse the application.)

Comments to General Office:
