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

NOTIFICATION FOR LEAVE OF ABSENCE

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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 :**

<table>
<thead>
<tr>
<th>Name (English)</th>
<th>Name (Chinese)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone Number</td>
<td>Contact Fax Number</td>
</tr>
<tr>
<td>Study Programme</td>
<td>Year of Admission</td>
</tr>
<tr>
<td>Module Title</td>
<td>Module Code</td>
</tr>
<tr>
<td>Commencement Date</td>
<td>Email address</td>
</tr>
</tbody>
</table>

**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-ordinator*

Comments ________________________________________________________________

______________________________________________________________

Signature ___________________________ Date ___________________________

Update computer record: ___________________________ Date: ___________________________

Authenticated by: ___________________________ Date: ___________________________

06/2013