Application Form for Leave of Absence (Students)

To: Hong Kong Institute of Educational Research
Fax: 2603 6850

Notes to the applicants:
1. The personal data provided on this form will be used for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
2. Information provided on this form may be transferred to Programme Coordinator / teaching staff for consideration, where applicable.
3. For enquiries, please contact the Hong Kong Institute of Educational Research at 2609 6963.

I. Personal Particulars:

Name (Chinese) _____________________ (English)  _____________________________________
Daytime Contact Tel. No. _____________________ Residential Tel. No. _____________________
Study Programme/Course: Refresher Training Course for Serving Sec. School Teachers (Graduate) 2000-2001

II. Details of Application:

Leave of absence from ______(Year)_____(month)____(day) to ____(Year)_____(month)____(day)

Reason (Supporting documents must be attached):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature of Student _________________________ Date __________________________

III. Approval:

Programme Co-ordinator

□ Recommended □ Not recommended

Comments ______________________________________________________________________

Signature _________________________ Date ________________________

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