

THE UNIVERSITY OF HONG KONG
SCHOOL OF BIOMEDICAL ENGINEERING

Application for Leave of Absence

This form is to be completed by Biomedical Engineering students who wish to apply for leave of absence. The form should be submitted to the School Office.

Student who desires leave of absence for more than two full consecutive days for non-medical reasons shall apply to the School of Biomedical Engineering 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 Biomedical Engineering in writing at the earliest opportunity together with a certificate signed by a registered medical practitioner.

Part I: Personal Particulars

University No:

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 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:

<input type="checkbox"/>	Personal leave
<input type="checkbox"/>	Sick leave
<input type="checkbox"/>	HKU commitment (e.g. represent HKU to participate in competition)
<input type="checkbox"/>	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: _____

* Please delete as appropriate

August 2025