

THE UNIVERSITY OF HONG KONG
SCHOOL OF BIOMEDICAL ENGINEERING
Application for Credit Overload/Underload

Students shall normally select not fewer than 24 credits nor more than 30 credits of courses in any one semester (except the summer semester), unless otherwise permitted or required by the Board of the Faculty, or except in the last semester of study when the number of outstanding credits required to complete the curriculum requirements is fewer than 24 credits. Students may, of their own volition, take additional credits not exceeding 6 credits in each semester, and/or further credits during the summer semester, accumulating up to a maximum of 72 credits in one academic year.

The application form is to be completed by Biomedical Engineering students who wish to select less than 24 or more than 36 credits of courses in each semester. The form should be submitted to the School Office.

Part I: Personal Particulars

University No:

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 Name: _____
(Surname) (First Name)

HK Contact Tel. No.: _____ Email Address: _____

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

Part II: Credit Overload/Underload

(A) I would like to apply for credit overload/underload* in the first/second semester* of _____ academic year. I plan to take _____ credits in this semester and it amounts to a total of _____ credits for my study in _____ academic year.

(B) Reason(s): _____

Note: Supporting documents and study plan (i.e. HKU examination results in previous semesters and years, the courses you are going to take in current academic year or throughout the course of the study, or other documents) must be provided and attached to this application form.

Part III: Declaration

I accept that the information provided will be used in matters relating to my application for credit overload/underload in each semester. 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