

**THE UNIVERSITY OF HONG KONG
FACULTY OF EDUCATION**

Leave Application Form for Experiential Learning Programmes

Part I: Personal Particulars (to be completed by student)

Name (Eng):		Name (Chi):	
University No:		Year of Study:	
Programme:		Major (for PGDE):	
Tel:		Email:	
Name of Partner Institution/ Organization:			

Part II: Details of Leave (to be completed by student)

Sick leave (please attach a medical certificate to this form) Personal leave

Date of Leave	Time of Leave	Reason(s)	Date of Duty Resumption
	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole day		

Signature of student: _____

Date: _____

Part III: Approval from Partner Institution/Organization (to be completed by partner)

Leave **Approved** Leave **not Approved** with the following reason(s):

Signature and name of representative: _____

Date: _____

Part IV: Approval from Faculty of Education (to be completed by the Faculty)

Leave **Approved** Leave **not Approved** with the following reason(s):

Signature and name of representative: _____

Date: _____