**Master of Medical Sciences (MMedSc)**

**Application for Enrolment of Core Course(s)**

[For students who have failed in re-examination]

# Instructions

1. You should submit this form in person to your Supervisor and relevant Director(s)/Head(s) of the School(s)/Department(s) for endorsement and signature(s).
2. The completed form MUST be returned to the Li Ka Shing Faculty of Medicine (Address: MMedSc Office, Medical Faculty, 6/F, William M.W. Mong Block, 21 Sassoon Road, Hong Kong; Email: [mmedsc@hku.hk](mailto:mmedsc@hku.hk)).

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate’s Name: |  | University No.: |  |

Failed Course(s):

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Research Methods / Biological Systems** | **Core Course** | **Credit Units** |
|  | Please select | Please select | 3 |
|  | Please select | Please select | 3 |

Please indicate here below your choice of Core Course(s).

I would like to

repeat the failed course(s)

enrol the following course(s) in lieu of the failure one(s)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Research Methods / Biological Systems** | **Core Course** | **Credit Units** |
|  | Please select | Please select | 3 |
|  | Please select | Please select | 3 |

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate’s Signature: |  | Date: | Click or tap to enter a date. |

**Endorsed by**:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Supervisor: |  | Director/Head of Supervising Department/School: |
| Signature: |  |  |  |
| Name: |  |  |  |
| Date: | Click or tap to enter a date. |  | Click or tap to enter a date. |

*\* Please be reminded that students are required to take at least one course from either of the two main sections, viz. Research Methods and Biological Systems.*