

THE UNIVERSITY OF HONG KONG
LI KA SHING FACULTY OF MEDICINE
Department of Pharmacology and Pharmacy

Application form for Admission as Occasional Students

The personal data provided in this form will be used for processing your application for enrolment on the relevant courses by the administrative and academic departments concerned. If you wish to access or correct your personal data after submission of this form, please contact the Department of Pharmacology and Pharmacy.

An attendance certificate will only be issued to students who have attended 70% of the teaching sessions of each of their chosen courses.

Course fee: Details refer to the course information. 50% discount will be offered to full-time HKU staff and current RPg/TPg students taking extra modules in addition to their curriculum requirements.

This form should be completed and returned to the Department of Pharmacology and Pharmacy (L2-55, Laboratory Block, 21 Sassoon Road, Hong Kong) together with a Hong Kong dollar cheque for the course fee, which must be crossed and drawn in favour of "*The University of Hong Kong*".

For enquiries, please contact the Department Office (Tel: 3917 9025; Fax 2817 0859; email: mcpharm@hku.hk).

Section A

1. PERSONAL INFORMATION

Dr/Mr/Mrs/Miss* _____ (Full name in block letters, as in your

HKID Card/ passport [surname first]) Name in Chinese (if any): _____

Correspondence Address: _____

Fax No.: _____ E-mail: _____

Tel. No.: _____
(Home) (Office) (Mobile Phone)

2. PRESENT OCCUPATION

Position held/Department: _____ Starting date: _____

Name and address of organization: _____

3. ACADEMIC & PROFESSIONAL QUALIFICATIONS

4. (a) I wish to enrol in the following course(s):

(b) I will/will not* attend the examination at the end of each course. (Passing mark: 50%)

5. COURSE FEE

Total number of course(s) applied: _____

- Full course fee
- Staff of the University of Hong Kong
- Research/Taught postgraduates of the University of Hong Kong
- Others (please specify): _____

Bank Name: _____ Cheque No.: _____ Amount: HK\$ _____

Candidate's Signature _____ Date _____

For current Research Postgraduate and Taught Postgraduate students only:

Date of first registration: _____ Programme: _____

University No.: _____ Department: _____

Supervisor's name: _____

Supervisor's signature: _____ Date: _____

* Please delete as appropriate

For office use only:

Section B

From: Department of Pharmacology and Pharmacy

To: Course Coordinator

I approve/do not approve* the application of this candidate for the study of the selected Course(s).

Remarks: _____

Date: _____ Signature: _____

Section C

From: Department of Pharmacology and Pharmacy, The University of Hong Kong

To :

Module(s): _____

Your application has/has not* been approved by the Head of the Department concerned.

Module timetable(s) is/are* attached herewith for your reference.

** Please delete as appropriate*

January 2019