**Master of Medical Sciences (MMedSc)**

**Application for Change of Course(s)**

# 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 approval and signature(s).
2. The completed form MUST be returned to the LKS Faculty of Medicine (Address: MMedSc Office, Medical Faculty, 6/F, William M.W. Mong Block, 21 Sassoon Road, Hong Kong; Email: [mmedscoffice@hku.hk](mailto:mmedscoffice@hku.hk); Fax: 2818 4913) **on or before September 30 of the year**. Late application for changing course selection will **not** be considered.

**Important Notes**

1. The MMedSc programme lasts for 1 year for full-time or 2 years for part-time day-release candidates. It consists of 12 credit units of Core Courses, 18 credit units of Specialised Courses and 39 credit units of dissertation, making a minimum of 69 credit units of teaching and prescribed work.
2. You should not apply to change a course which you have failed in the examination.
3. You should ensure that there are no clashes in the timetabling of the courses selected.
4. Part-time students who wish to defer a maximum of 2 Core Courses to their 2nd year of study should apply in writing separately to the Board of Studies for approval.

|  |  |
| --- | --- |
| Name: |  |
| University No.: |  |
| Department/School: |  |

Please indicate the choice here below your choice of Core / Specialised Courses.

# Core Courses

# At least one course should be selected from either of the two main sections, *viz*. Research Methods and Biological Systems.

New Core Course(s) to be **ADDED**

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

Core Course(s) to be **DROPPED**

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

# Specialised Field of Study

Each candidate will be required to choose one Specialised Field of Study. A total of 18 credit units should be selected. *Specialised courses to be changed should under the same approved Specialised Field of Study*.

New Specialised Course(s) to be **ADDED**

|  |  |  |
| --- | --- | --- |
| **Specialised Field of Study** | **Specialised Course** | **Credit Units** |
| Please pick ONE from the list | Please Select | Please select |
| Please pick ONE from the list | Please Select | Please select |
| Please pick ONE from the list | Please Select | Please select |
| Please pick ONE from the list | Please Select | Please select |
| Please pick ONE from the list | Please Select | Please select |
| Please pick ONE from the list | Please Select | Please select |

Specialised Course(s) to be **DROPPED**

|  |  |  |
| --- | --- | --- |
| **Specialised Field of Study** | **Specialised Course** | **Credit Units** |
| Please pick ONE from the list | Please Select | Please select |
| Please pick ONE from the list | Please Select | Please select |
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| Please pick ONE from the list | Please Select | Please select |
| Please pick ONE from the list | Please Select | Please select |
| Please pick ONE from the list | Please Select | Please select |

|  |  |
| --- | --- |
| Candidate’s Signature: |  |
| Date: |  |

**Approval**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Supervisor: |  | Director/Head of Supervising Department/School: |
| Signature: |  |  |  |
| Name: |  |  |  |
| Date: |  |  |  |