

Master of Medical Sciences Application for Admission as Occasional Students 2019-20 (Selected Core or Specialised Courses only)

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 MMedSc Office.

An attendance certificate will only be issued to students who have attended 80% of the teaching sessions of each of their chosen courses.

Course fee: **HK\$2,230 per credit unit of Core Course or Specialised Course**. 50% discount will be offered to full-time HKU staff, MDS/MNurs students, and current RPg/MMedSc students taking extra courses in addition to their curriculum requirements, i.e. HK\$1,120 per credit unit.

This form should be completed and returned to the MMedSc Office, LKS Faculty of Medicine (6/F, William M.W. Mong 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 MMedSc Office (Tel: 3917 9155; Fax 2818 4913; Email: <u>mmedscoffice@hku.hk</u>).

Section A

2. 3.

1. PERSONAL INFORMATION

Dr/Mr/Mrs/Miss* (Please fill in your full name [surname first] in block letters, as in your H.K.I.D. Card/passport.)

		Name in Chinese characters (if any):		
Address f		nce:		
E-mail ad				
Tel. No.: _		(Office)(Mobile)		
For curre	ent Research P	ostgraduate and Taught Postgraduate students only:		
Date of first registration:		Programme: U. No		
Department:		Supervisor's Name:		
For Full-t	time HKU Staff			
Position h	eld	Starting date		
Departme	ent/School			
QUALIFIC	CATIONS			
I wish to e	enrol in the follow	<i>v</i> ing Core Course(s)#: (3 Credit Units of each Core Course)		
	MEDI6500	Cell Metabolism (Semester 1)		
	PATH6100	Laboratory Methods and Instrumentation (Semester 1)		
	PATH6300	General Cytopathology (Semester 1)		
	PATH6500	Practical Course in Laboratory Methods (Semester 2) [Prerequisite: PATH6100]		
	PATH6600	Fundamentals of Common Human Diseases (Semester 1)		
	PATH6700	Recent Advances in Cancer Biology (Semester 2)		
	PHAR6100	Principles of Drug Action (Semester 1)		
	PHAR7300	Therapeutic Antibodies (Semester 2)		
	SBMS7100	Practical Bioinformatics (Semester 1)		
	SBMS7200	Genes and Gene Functions in Diseases (Semester 2)		
	SBMS7500	Advanced Cell Biology (Semester 2)		
	SBMS7600	Integrative Perspectives of Body Functions (Semester 2)		
	SURG6910	Laboratory Animal Handling and Surgical Techniques (Semester 2)		
# 5	or courses offered	by the School of Dublic Health, places complete a concrete application form for short courses		

For courses offered by the School of Public Health, please complete a separate application form for short courses available at <u>http://mph.sph.hku.hk/en/prospective-student/short-courses</u>, or please contact School of Public Health (Tel: 3917 9140; Fax 2855 9528; Email: <u>mphsph@hku.hk</u>) for details.

* Please delete as appropriate.

4. I wish to enrol in the following Specialised Course(s):

	rse Code	Course Name(s)	Credit Units
l will/will	not* attend the exa	mination at the end of each Course (pa	ass mark: 50).
Total Co	re or/and Specialis	ed Course (s)	_ and Credit Units:
Total cou	urse fee for the sele	ected Core/Specialised Course(s):	
Bank Na	ame:	Cheque No.:	Amount: HK\$
Date:		Applicant's Signature	9:
For curr	rent Research Pos	stgraduate and Taught Postgraduat	te students only:
Date:		Supervisor's Signatu	re:
Section	<u>B</u>		
From:	MMedSc Office		
From:		dicine	
From:	MMedSc Office LKS Faculty of Med	dicine epartment/School of	
From: I	MMedSc Office LKS Faculty of Mec Head/Director of Do e/do not approve* t	epartment/School of	study of the selected Core/Specialised*
From: I To : I approve	MMedSc Office LKS Faculty of Med Head/Director of De e/do not approve* t s).	epartment/School of	
From: I To : I approve Course(s	MMedSc Office LKS Faculty of Med Head/Director of De e/do not approve* t s).	epartment/School of	
From: I To : I approve Course(s Remarks	MMedSc Office LKS Faculty of Med Head/Director of Do e/do not approve* t s).	epartment/School of	study of the selected Core/Specialised*
From: I To : I approve Course(s Remarks	MMedSc Office LKS Faculty of Med Head/Director of De e/do not approve* t s).	epartment/School of	
From: I To : I approve Course(s Remarks	MMedSc Office LKS Faculty of Med Head/Director of Do e/do not approve* t s).	epartment/School of	study of the selected Core/Specialised*
From: I	MMedSc Office LKS Faculty of Med Head/Director of Do e/do not approve* t s).	epartment/School of	study of the selected Core/Specialised*
From: To : approve Course(s Remarks Date: <u>Section</u> From:	MMedSc Office LKS Faculty of Med Head/Director of Do e/do not approve* t s). s: <u>C</u> MMedSc Office LKS Faculty of Med	epartment/School of he application of this candidate for the Signature: dicine	study of the selected Core/Specialised*
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From: I I approve Course(s Remarks Date: Date: From: I	MMedSc Office LKS Faculty of Med Head/Director of Do e/do not approve* t s). s: <u>C</u> MMedSc Office LKS Faculty of Med The University of H plication has/has no	epartment/School of	study of the selected Core/Specialised*