Section A

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 for correspondence: __________________________________________________________________________
_________________________________________________________________________________________________

Fax No.: ___________________________ E-mail address: ____________________________________________

Tel. No.: ____________________________ ____________________________ _______________________________
(Home) (Office) (Pager/Mobile Phone)

For current Research Postgraduate and Taught Postgraduate students only:

Date of first registration:___________________ Programme:___________________ U. No. ____________________

Department: __________________________ Supervisor’s Name:_______________________________

2. PRESENT OCCUPATION

Position held/Department ______________________________________ Starting date ______________________

Name and address of organisation _____________________________________________________________________

3. QUALIFICATIONS

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________

4. I wish to enrol in the following 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)
☐ 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)

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

* Please delete as appropriate.
5. I wish to enrol in the following Specialised Course(s):

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<th>Course Code</th>
<th>Course Name(s)</th>
<th>Credit Units</th>
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6. I will/will not* attend the examination at the end of each Course (pass mark: 50).

7. Total Core or/and Specialised Course(s): ________________________________

8. Total course fee for the selected Core/Specialised Course(s):

   Bank Name: _____________________    Cheque No.: ________________     Amount: HK$ _________________

   Date: _____________________________     Applicant’s Signature: _____________________________

*For current Research Postgraduate and Taught Postgraduate students only:

   Date: _____________________________     Supervisor’s Signature: _____________________________

Section B

From: Li Ka Shing Faculty of Medicine
      The University of Hong Kong

To: Head/Director of Department/School of ________________________________

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

Remarks: __________________________________________________________________________________

___________________________________________________________________________________________

Date: _______________________________               Signature: ______________________________________

Section C

From: Li Ka Shing Faculty of Medicine
      The University of Hong Kong

To: ________________________________

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

☐ Core Course(s) timetable can be found at:

☐ Please kindly contact the Departmental Co-ordinator(s) concerned to request the timetable for the
  Specialised Course(s). Contact details can be found at:
  http://www.med.hku.hk/images/document/03edu/taught/mmedsc/enquiries.html

* Please delete as appropriate

June 2018
VC/aw D/MMedSc/Form (Occasional Student)/1-2