

LI KA SHING FACULTY OF MEDICINE  
THE UNIVERSITY OF HONG KONG

**Master of Medical Sciences**  
**Application for Admission as Occasional Students 2018-2019**  
**(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 Faculty 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\$2,120 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.

This form should be completed and returned to the Li Ka Shing Faculty of Medicine (Faculty Office, 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: [mmedscoffice@hku.hk](mailto:mmedscoffice@hku.hk)).

**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)**

- |                          |          |   |
|--------------------------|----------|---|
| <input type="checkbox"/> | MEDI6500 | Cell Metabolism (Semester 1)  |
| <input type="checkbox"/> | PATH6100 | Laboratory Methods and Instrumentation (Semester 1)                                   |
| <input type="checkbox"/> | PATH6300 | General Cytopathology (Semester 1)  |
| <input type="checkbox"/> | PATH6500 | Practical Course in Laboratory Methods (Semester 2) [ <b>Prerequisite: PATH6100</b> ] |
| <input type="checkbox"/> | PATH6600 | Fundamentals of Common Human Diseases (Semester 1)                                    |
| <input type="checkbox"/> | PATH6700 | Recent Advances in Cancer Biology (Semester 2)  |
| <input type="checkbox"/> | PHAR6100 | Principles of Drug Action (Semester 1)  |
| <input type="checkbox"/> | SBMS7100 | Practical Bioinformatics (Semester 1)   |
| <input type="checkbox"/> | SBMS7200 | Genes and Gene Functions in Diseases (Semester 2)                                     |
| <input type="checkbox"/> | SBMS7500 | Advanced Cell Biology (Semester 2)  |
| <input type="checkbox"/> | SBMS7600 | Integrative Perspectives of Body Functions (Semester 2)                               |
| <input type="checkbox"/> | 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](mailto:mphsph@hku.hk)) for details.

\* Please delete as appropriate.

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

<i>Course Code</i>	<i>Course Name(s)</i>	<i>Credit Units</i>

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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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:  
[http://www.med.hku.hk/images/document/03edu/taught/mmedscr\\_timetable.pdf](http://www.med.hku.hk/images/document/03edu/taught/mmedscr_timetable.pdf).

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