

**THE UNIVERSITY OF HONG KONG
LI KA SHING FACULTY OF MEDICINE
SCHOOL OF PUBLIC HEALTH**

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 School of Public Health.

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

This form should be completed and returned to the School of Public Health (G/F, **Patrick Manson Building (North Wing), 7 Sassoon Road, Hong Kong (Re: application form for admission as occasional students)**) together with a Hong Kong dollar cheque (**\$10,000[#] for each course**), which must be crossed and drawn in favour of "*The University of Hong Kong*". Students who require library access will have to pay a library fee, with details available at: <https://lib.hku.hk/cof/>.

The concession course fee for students and full-time staff of the University of Hong Kong is **\$5,000[#]** for each course. Research Postgraduate (RPg) students in Hong Kong who would like to take extra courses in the RPg curriculum should contact the Faculty Office.

For enquiries, please contact the MPH Office (Tel: 3917 9140; Fax: 2855 9528; email: mphsph@hku.hk).

[#] Subject to the University's approval.

Section A

1. PERSONAL INFORMATION

(Title) (Surname, in block letters) (First name)

Name in Chinese characters (if any): _____

Address for correspondence: _____

Fax No.: _____ E-mail address: _____

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

2. PRESENT OCCUPATION

Position held/Department: _____ Starting date: _____

Name and address of organization: _____

3. ACADEMIC & PROFESSIONAL QUALIFICATIONS

4. CONTINUING MEDICAL EDUCATION

- I am not a member of any CME programme in Hong Kong.
- I am a member of the following CME programme/ college (please specify):

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

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

6. COURSE FEE

Total number of course(s) applied: _____

- Full course fee
- Staff or students of the University of Hong Kong
- Research 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: _____ U.No.: _____

Department: _____ Supervisor's name: _____

Supervisor's signature: _____ Date: _____

For office use only:

Section B

From : School of Public Health

To : Course Co-ordinator

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

Remarks: _____

Date: _____ Signature: _____

Section C

From : School of Public Health
The University of Hong Kong

To :

Course(s): _____

Your application has/has not* been approved by the Head of the Department concerned.
Course timetable(s) is/are* attached herewith for your reference.

** Please delete as appropriate*