

**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 (**\$9,270 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 **\$4,635** 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](mailto:mphsph@hku.hk)).

**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

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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):

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

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(b) I will/will not\* attend the examination at the end of each course. (The passing mark for non-MPH programme students is 50%. Those students who do not achieve the passing mark will be given an opportunity to sit for a supplementary examination).

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\$ \_\_\_\_\_

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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: \_\_\_\_\_

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**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.

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*\* Please delete as appropriate*