

THE UNIVERSITY OF HONG KONG
SCHOOL OF COMPUTING AND DATA SCIENCE
DEPARTMENT OF STATISTICS AND ACTUARIAL SCIENCE

Application for Leave of Absence

IMPORTANT NOTES TO STUDENTS:

This form is to be completed by BSc(ActuarSc) or BStat (admitted in 2025 and thereafter) students who wish to apply for leave of absence. The form should be submitted to the Department Office *Rm 303, Run Run Shaw Building* or via email to ugenq@hku.hk.

Students are required to submit the following supporting documents for your leave application:

1. for internship: Employment Contract (*submit the application at least one month before the commencement of the internship*);
2. for medical reason: Medical Certificate(s) or Medical Report(s) issued by registered medical practitioner(s);
3. for other non-medical reason: Documents verifying your reason of leave, such as Certificate of Military Service with calendar showing the discharge date for leave due to military service, bank statement for financial difficulty, detailed study plan during your leave period for other personal reasons.

I. PERSONAL PARTICULARS

Name: _____ (_____) University No.: _____
English in BLOCK Letters Chinese, if appropriate

Curriculum: _____ Year of study: _____ Admitted Year: _____
(i.e. BSc(ActuarSc) or BStat) (e.g. I) (e.g. 2025)

Email: _____ @connect.hku.hk Tel No.: _____ (Hong Kong contact)

II. Leave of absence apply for

(A) Period: From _____ to _____

(B) Reason:	<input type="checkbox"/> Medical leave <input type="checkbox"/> Internship <input type="checkbox"/> Compulsory military service <input type="checkbox"/> HKU commitment (e.g. represent HKU to participate in competition) <input type="checkbox"/> Others: Please specify
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Note: Supporting documentation (e.g., employment contract, medical certificate, etc.) MUST be provided and attached to this application form. For application for leave of absence on medical grounds, provision of original copy of the medical certificate (*signed by a registered medical practitioner*) is required. If the supporting documents are not in English, please provide a certified/endorsed copy in English version.

Student's signature: _____ **Date of submission:** _____

FOR OFFICE USE ONLY

APPROVAL by Internship Coordinator (for internship application only) and/or Programme Director

I approve / disapprove the leave application Internship Coordinator (for internship application only):	I approve / disapprove the leave application Programme Director/Course Approver:		
Signature:		Signature:	
Date:		Date:	

Comments: