NOTIFICATION FOR LEAVE OF ABSENCE

Notes to the applicants:

1. The personal data provided on this form will be used by the Hong Kong Institute of Educational Research for the purpose of processing this notification. All information provided, when no longer required, will be destroyed.
2. For correction of or access to the personal data after submission of this form, please contact the Office of Hong Kong Institute of Educational Research.
3. Information provided on this form may be transferred to other departments/administrative units within CUHK for consideration, where applicable.

I. PERSONAL PARTICULARS :

<table>
<thead>
<tr>
<th>Name (English)</th>
<th>Name (Chinese)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone Number</td>
<td>Contact Fax Number</td>
</tr>
<tr>
<td>Study Programme</td>
<td>Year of Admission</td>
</tr>
<tr>
<td>Module Title</td>
<td>Module Code</td>
</tr>
<tr>
<td>Commencement Date</td>
<td>Email address</td>
</tr>
</tbody>
</table>

II. DETAILS OF APPLICATION :

Leave period:

From  ___________________________  To  ___________________________  
(dd/mm/yyyy)  (dd/mm/yyyy)

Total  ___________________________  Day(s)

Reason (Please attach supporting documents, e.g. medical certification):

__________________________________________

__________________________________________

Signature of Student  ___________________________  Date  ___________________________