



**HKUSPACE**  
香港大學專業進修學院  
HKU School of Professional and Continuing Education

請將表格交予課堂導師或傳真至課程組王小姐( 2571 8480 )

**Programme of Certificate in Foundation in Chinese Medicine (Senior Secondary Applied Learning)**

**中醫藥學基礎(高中應用學習)證書課程**

**Leave/Early Dismissal/Class Swapping Application Form**

**學生請假 / 早退 / 調班申請表**

<b>Student Particulars 學生資料</b>			
Name in English 英文姓名			
Name in Chinese 中文姓名		Student Number 學生編號	
Course No. 課程編號	<b>CM 49-134-00</b>	Class (HKU SPACE) 班別	
Course Title 課程名稱	<b>Foundation in Chinese Medicine 中醫藥學基礎</b>		
Contact Number 聯絡電話			
<b>Application Details 申請資料</b>			
Please "✓" in the appropriate box 請在合適的空格內加"✓"			
<input type="checkbox"/>	Sick Leave 病假 (請附上醫生證明書)	(Please attach doctor's certificate)	
<input type="checkbox"/>	Causal Leave 事假	Reason (Please attach school activity notification or other supporting document) 原因 (請附上學校活動通告或其他證明文件)	
<input type="checkbox"/>	Early Leave 早退		
Date (DD/MM/YY) 日期 (日/月/年)	From (由)	To (至)	( Lesson 堂 )
Parent/Guardian's Contact Number 家長/監護人聯絡電話			
Name of Parent/Guardian 家長/監護人姓名		Signature of Parent/Guardian 家長/監護人簽署	Date 日期
Name of Course Tutor 導師姓名		Signature of Course Tutor 導師簽署	Date 日期