For o	ffice	use		

THE CHINESE UNIVERSITY OF HONG KONG, SHENZHEN 香港中文大学 (深圳) THE GRADUATE SCHOOL

研究生院

Graduate Student Leave of Absence Application Form 研究生请假/休学申请表

This Student Leave of Absence Form should be completed and returned to the Program Office before the starting date of his/her leave. Late application will NOT be accepted except with prior approval.

请任请假/怀字起始日∠ I. Admission Record)		父与课程刃	公至,	延迟	父本表	で格 帯提削	非 北。		
School 学院	Prograi [如: M	mme 专业组 Master of Sci 理学硕士]		n Finance	;				
II. Personal Particulars	· 个人资料								
Surname (English) 姓(英文)	Given I 名(英	Name (Engl 文)	ish)			Student II NO.学号)		
Name (Chinese) 姓名(中文)		Gender 性别		ale男 male女	Date	e of Birth ∃ Day⊟	出生日期 / Mth	.月/	Yr.年
I.D. Card No.* 身份证	号码*:				Nation	nality 国籍:			
*Please complete the fo	ollowing if you do not	t possess an	I.D. C	ard 如非	₽身份i	正持有人员	请填写以下	护照信息	息
Passport No. 护照号:			_Issui	ng Count	ry 签》	发国家:			
Home Address and Tel	ephone No. 现居住均	也址及联络	电话:						
Tel. No. 固定电话号码	马:		Mob	ile Tel. N	Io. 移	动电话号码	:		_
III. Application for Lea	nve of Absence 申请	请假/休学							
Requested Leave of Ab	osence period 请假//	木学时间	Fro To	m 从 到		Day日/ Day日/			Yr.年 Yr.年
Days for Leave of Abso Reason(s) for Leave of 明文件)						Days天 [、] ned) 请假		团(请附上	二相关证
** In case of illness ned medical certificate sign and permission from th A leave of absence for permission from the De	ed by a qualified med e Dean of the Gradua r more than three wee	lical practiti te School. ks and less	oner to than si	o obtain e x months	ndorse for no	ement from to on-medical r	the Graduate easons shall	e Panel co l obtain p	oncerned orior

leave of absence is equal to or more than six months.

**超过三个星期的病假申请,学生需提交一份由正规医院开具的病假证明,且申请须得到学院研究生事务委员会主席和研 究生院院长的签字批准。

三个星期以上、六个月以下的非病假请假申请,需要通过研究生院院长签字批准。六个月以上的请假申请,需要通过大 学研究生事务委员会的签字批准。

IV. Important Information and Declaration 重要信息及声明

compared by students	s during their studies at the University.	ection, dissemination and management of the data collected from, or
		strative units within the University as management information to
	-	For correction of or access to personal data held by the University,
please contact the Pro	_	
		ations and take full responsibility for all activities in which they are
		emic activities at the University, as well as at other partner universities
		grams), e.g. course selection, internship, participation in orientation the parent/guardian of the students in the event of an emergency or
other special circumst		and partitional and state and an and of the or an emergency of
☐ I have read the imr	portant information above in relation to my	academic study at the University, and agree to comply with all the
relevant University R	=	, , , , , , , , , , , , , , , , , , ,
	-	ther special circumstances the University may contact my
emergency contact pe	rson.	
香港中文大学(深圳)作为数据用户承诺保障个人资料及个	`人隐私,以确保于学生就学期间大学所收集及保存的个人数据
	(集、传播到管理过程中的安全性。	
		习部信息管理、验证、交流、运营和规划之用途。如欲更改或查
	译料,请联系相应的 Program Office。 证相关注视并对他们在大学的学业和其他	上非学术类活动负全部责任,以及在其他伙伴大学(其中适用于
		大学可能需要在紧急或其他特殊的情况下联系学生的家长或监护
人。		
	述与本人在大学的学业相关的重要信息	
□ 本人理解并同意,	在发生紧急情况或其他特殊情况时学	校可以联系 找的紧急联络人。
Date 日期:	Signat	ure 签名:
		ure with
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7. Approval / Recor □ Endorsed 批准	mmendation by the Programme Dir □ Not Endorsed 不批准	********************
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The Chinese University of Hong Kong, Shenzhen as a data user undertakes to protect personal data and privacy of individuals, to