

Application for Elective Study

Part I To be completed by the applicant

1. Full name: (*Mr/Miss/Ms) _____

2. Dental School: _____

3. Year of study: _____

4. Address to which
correspondence
should be sent: _____

Telephone: _____

e-mail: _____

Fax: _____

5. Proposed dates of elective study: 1st choice: _____

2nd choice: _____

6. Discipline/ Area of study: 1st choice: _____

2nd choice: _____

7. Accommodation address (if known) during elective period: _____

8. Details of your proposed activity/study: _____

Part II To be completed by the Dean of the applicant's Dental School, or other responsible person

I support the above application for a period of elective study in the Dental Faculty, the University of Hong Kong.

Date: _____ Signature: _____

Name: _____

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Part III To be completed by 1st choice discipline/area

The period of elective study *can/cannot be arranged in my area. I have nominated _____ to act as supervising tutor during the period of study.

The applicant should report to the supervising tutor at _____ (time) on _____ (date).

Date: _____ Signature: _____

Post: _____

To be completed by 2nd choice discipline/area

The period of elective study *can/cannot be arranged in my area. I have nominated _____ to act as supervising tutor during the period of study.

The applicant should report to the supervising tutor at _____ (time) on _____ (date).

Date: _____ Signature: _____

Post: _____

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Part IV

The application for elective study *is/is not approved.

Date: _____ Signature: _____

Tutor for Elective Studies

**Delete as necessary*