

# LINGNAN UNIVERSITY

## Application for Leave of Absence

### Master of Cultural Studies

Fax: 4794'7392

- Notes :**
1. A student who, because of health or financial problems or for other valid reasons, wishes to obtain leave of absence of more than three weeks should obtain prior permission from the programme concerned.
  2. Leave of absence may be granted for a maximum period of 12 months. Any periods of leave of absence taken shall be included as part of the period of study. A student whose accumulated leave of absence exceeds one-third of the term should not be assessed and awarded credits for the courses enrolled in the term.
  3. The student should complete Part A1 of this form and submit it together with the relevant supporting documents to the programme office.
  4. The programme office will complete Part A2 and forward this form to the Registry. The Registry will then issue a letter of notification to the applicant with copy to the programme office concerned.
  5. The programme office will complete Part B and send a copy of this form to the Registry when the applicant returns to the University.

|  |                                |
|--|--------------------------------|
| <b>Part A1</b>                               |                                |
| Name of Applicant: _____                     | Student No. : _____            |
| Study Programme: <u>MCS / MCS(DCI)*</u>      | Year of study: _____           |
| Address: _____                               |                                |
| Email Address: _____                         | Tel. No. : (H) _____ (O) _____ |
| Leave of Absence Period: from _____ to _____ |                                |
| Reason(s): _____                             |                                |
| _____  |                                |
| _____  | _____                          |
| Signature of Applicant                       | Date                           |

|  |       |
|--|-------|
| <b>Part A2</b>   |       |
| I approve/do not approve* the application of the above-named student for leave of absence during the above-mentioned period. |       |
| _____  | _____ |
| Programme Director   | Date  |
| c.c. CO ( ) SSC ( ) Registry ( ) Lib ( ) ITSC ( )  |       |

|   |       |
|---|-------|
| <b>Part B</b>   |       |
| To: The Registrar   |       |
| Please note that the above-named student has reported to the University on _____ and will resume his/her studies on _____. He/she has been instructed to pay his/her fees and register for the _____ term, 20 - . |       |
| _____   | _____ |
| Programme Director  | Date  |
| c.c. CO ( ) SSC ( ) Registry ( ) Lib ( ) ITSC ( )   |       |

**Personal Information Collection Statement :**

1. Personal data provided on this form will be treated confidentially and will be used for processing this application only.
2. Information provided may be transferred to other units within the University for necessary actions, where applicable.
3. Applications for access to personal data should be made to the Data Protection officer (DPO@LN.edu.hk) of the University. For update/correction of personal data, please contact the MCS Programme Office (mcs@LN.edu.hk).