THE UNIVERSITY OF HONG KONG FACULTY OF SOCIAL SCIENCES

Application for Special Approval

This form should be completed and returned <u>with supporting document(s)</u> (i.e. the <u>Student Copy of Academic Transcript</u> <u>highlighting the concerned course(s) for our reference</u>)</u> to the Faculty Office, 11/F, Jockey Club Tower, Centennial Campus, HKU or via email to <u>socscug@hku.hk</u>. [Navigation path: SIS Menu > Academic Records> Transcript (Student Copy)]

Part A: PERSONAL PARTICULARS

| Name : | University No. | : | Curriculum/ | : |
|------------------------------|------------------|-------|-------------|-------------------|
| (Full name, surname first i | n block letters) | | Year | (E.g.: BSocSc II) |
| Declared Major(s) / Minor(s) | : | ····· | Latest CGPA | : |
| HKU Email | : | | Mobile No. | : |
| | | | | |

Part B: APPLICATION FOR SPECIAL APPROVAL

Please tick the appropriate box(es).

| | (a) Overloading 36 credits in a semester | (i.e. To | otal no. | of enrolled credits: | | in semester | of 20 | 20 | _) |
|--|--|----------|----------|----------------------|--|-------------|-------|----|----|
|--|--|----------|----------|----------------------|--|-------------|-------|----|----|

(c) Underloading 24 credits in a semester (i.e. Total no. of enrolled credits: _____ in semester ____ of 20____- 20____)

(d) Exceeding 108 introductory level credits[^] (i.e. Total no. of introductory credits: _____)

| \Box (f) Leave of absence [#] (i.e. OR from / / to / /) (i.e | (i.e. DD/MM/YYYY) |
|--|-------------------|
|--|-------------------|

(g) Enrolling course(s) after Add/Drop period[#] (i.e. Course Code(s): ______)

(h) Withdrawing course(s) after Add/Drop period[#] (i.e. Course Code(s): ______ Subclass(es): ______)

(i) Others (please specify): ____

^ Exceeded credits shall be counted on top of the normal study load. # All applications shall be considered on a case-by-case basis after add/drop period of each semester.

Justification (please use an additional sheet if necessary):

Student signature

Date : _____

| OFFI | CE USE | From: Date: Please complete and | (via d return the form to us after endorsen |) nent. | | | | | | |
|--------|---|---------------------------------------|--|------------|--|--|--|--|--|--|
| Part (| C1: To be completed by the Assistant Dean (To Centre / Programme Director (BASc/BJ | 0 | | School / | | | | | | |
| I. | To: | | | | | | | | | |
| | I SUPPORT / DO NOT SUPPORT* the application. | | | | | | | | | |
| | Recommendation (if any): | | | | | | | | | |
| | Signature: | | | | | | | | | |
| | (| , | | | | | | | | |
| II. | То: | | | | | | | | | |
| | I SUPPORT / DO NOT SUPPORT* the ap | plication. | | | | | | | | |
| | Recommendation (if any): | | | | | | | | | |
| | Signature: | Date: | | | | | | | | |
| | (|) | | | | | | | | |
| Part C | 2: To be completed by the Dean / Assistant De Chairperson of the Board of Studies [BSo | _ | - | / | | | | | | |
| | I APPROVE / DO NOT APPROVE* the a | pplication. | | | | | | | | |
| | Recommendation (if any): | | | | | | | | | |
| | Signature: | | | | | | | | | |
| | (* Please delete as appropriate) | | | | | | | | | |