



INTERNSHIPS

Leave Application Form

Part A: To be completed by the Intern

Name of Intern: _____ University No.: _____
(Full name in BLOCK LETTERS)

Curriculum: _____ Year: _____

Contact Number: _____ E-mail Address: _____

Type of Internship: Local Internship Non-local Internship Service Leadership Internship

Community Partner: _____

Name of Supervisor: _____ Contact Number: _____

Date & Time of Leave	Type of Leave	Reason	Duty Resumed On
Date: From _____ to _____	<input type="checkbox"/> Sick Leave	_____	____ / ____ / ____
Time: From _____ to _____	<input type="checkbox"/> Special Leave	_____	DD / MM / YYYY
Total Hours: _____			

Signature of Intern: _____ Date: _____

Part B: To be completed by the Community Partner

Endorsed without condition _____

Endorsed with condition(s): _____

Not endorsed for the following reason(s): _____

Name of Supervisor: _____ (In BLOCK LETTERS)

Signature of Supervisor: _____ Date: _____

Part C: To be completed by the Academic Tutor

Approved without condition _____

Approved with condition(s): _____

Not approved for the following reason(s): _____

Name of Academic Tutor: _____ (In BLOCK LETTERS)

Signature of Academic Tutor: _____ Date: _____

** Endorsement of this Form should be received from both Supervisors of the Community Partner and the Academic Tutor. Students should submit the completed Form to the Faculty Office in person, by post or by email to socii@hku.hk.*