



# INTERNSHIPS

## Leave Application Form

Intern name: \_\_\_\_\_ 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 the Academic Tutor: \_\_\_\_\_ (In BLOCK LETTERS)

Signature of Academic Tutor: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please return the endorsed and signed Form to the Faculty Office by student in person, by post or by email to [socii@hku.hk](mailto:socii@hku.hk).