



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 "GC@Home" Internship
 Social Innovator Service Learning in China (SLC)

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.*