



3. ACADEMIC & PROFESSIONAL QUALIFICATIONS

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4. CONTINUING MEDICAL EDUCATION

- I am not a member of any CME programme in Hong Kong.
- I am a member of the following CME programme/ college (please specify):

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5. (a) I wish to enrol in the following Course(s):

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(b) I will/will not\* attend the examination at the end of each course. (The passing mark for non-MPH programme students is 50%. Those students who do not achieve the passing mark will be given an opportunity to sit for a supplementary examination).

6. COURSE FEE

Total number of course(s) applied: \_\_\_\_\_

- Full course fee
- Staff or students of the University of Hong Kong
- Research postgraduates of the University of Hong Kong
- Others (please specify): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Cheque No.: \_\_\_\_\_ Amount: HK\$ \_\_\_\_\_

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Candidate's Signature

Date

***For current Research Postgraduate and Taught Postgraduate students only:***

Date of first registration: \_\_\_\_\_ Programme: \_\_\_\_\_ U.No.: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:*

**Section B**

From : School of Public Health

To : Course Co-ordinator

I approve/do not approve\* the application of this candidate for the study of the selected course(s).

Remarks: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Section C**

From : School of Public Health  
The University of Hong Kong

To :

Course(s): \_\_\_\_\_

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Your application has/has not\* been approved by the Head of the Department concerned.  
Course timetable(s) is/are\* attached herewith for your reference.

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*\* Please delete as appropriate*