



THE PRINCE PHILIP DENTAL HOSPITAL
Application Form for Withdrawal of Study

NOTES:

1. Please clear all outstanding dues with the Hospital before submitting the application.
2. To declare that you have no outstanding dues with the Hospital, HKU libraries and other offices concerned, please have Section III overleaf completed.
3. Please return the fully completed application form to the Dental Ancillary Student Affairs Office together with your Student ID Card / Facilities Access Card / Student Badge / Locker.
4. Tuition fees paid are neither refundable nor transferable.
5. Your supply of personal data will be treated in strict confidence and be used for statistical, alumni activities and prescribed purposes as allowed by the Hospital and the law from time to time.

I. STUDENT PARTICULARS

Name:	_____	HKID No.:	_____
Student No.:	_____	E-mail:	_____
Telephone No. :	(Home) _____	(Mobile)	_____
Course Title:	General Diploma in Dental Technology / Certificate of Proficiency in Dental Surgery Assisting *	Year:	I / II *
	_____	Mode of Study:	Full-time / Part-time *
	_____		_____
Correspondence Address:	_____		

* Please delete as appropriate

II. REASONS FOR WITHDRAWAL (Please tick the most appropriate box)

- 1. Emigration
- 2. Employment
- 3. Financial hardship
- 4. Health difficulties
- 5. Heavy academic workload
- 6. Joining an overseas institution
Name of institution & country: _____
Programme of study: _____ *Year:* _____
Date of Commencement: _____
- 7. Joining another local post-secondary educational institution
Name of institution: _____
Programme of study: _____ *Year:* _____
Date of Commencement: _____
- 8. Joining another local university
Name of university: _____
Programme of study: _____ *Year:* _____
Date of commencement: _____
- 9. Loss of interest in the program
- 10. Unsatisfactory academic progress
- 11. Others (please specify): _____

III. DECLARATION

1. I have decided to discontinue my study in the Hospital and I declare that I have
- (i) returned all the books/materials/instruments to and/or;
 - (ii) cleared all outstanding dues with
- the Hospital, HKU Libraries, HKU Institute of Human Performances and other offices concerned.

2. Checklist of returned items:
- Student ID Card
 - Facilities Access Card
 - Student Badge
 - Student Locker (No. _____)

Remarks: _____

Signature of Student

Date

IV. For HKU Dental Library Use (Outstanding Dues Cleared)

- I certify the above student has no outstanding dues with our libraries
- No such patron record
- Remarks: _____

Name		Signature	
Designation			
Date			

Library's Stamp

V. For Dental Ancillary Student Affairs Office Use

Effective Date of Withdrawal: _____

Form Received		Student ID Card Received		Facilities Access Card Received		Student Badge Received		Student Locker Received		IHP Informed		SFAA Informed	
by	on	by	on	by	on	by	on	by	on	by	on	by	on