

**THE UNIVERSITY OF HONG KONG
GRADUATE SCHOOL**

Request for Advice on GRSC6009 Course Selection

As advised by the Li Ka Shing Faculty of Medicine, Medicine students are required to select the subclass in accordance to their Faculty. Change of subclass is not advised.

Name in BLOCK letters (Dr/Mr/Miss/Ms/Mrs) _____

(Please circle as appropriate)

(Surname)

(Given Names)

Programme: **MPhil / 3-year PhD / 4-year PhD**

Study Mode: **Full Time / Part Time**

(Please circle as appropriate)

(Please circle as appropriate)

University
Number

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Degree Registration Date

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Department _____ Faculty _____

Contact Tel. No. _____ Email Address _____

Supervisor: _____

Supervisor Email Address: _____

Degree Particulars:

Thesis Title: _____

Abstract (150 words or less):

Alternative Subclass Applied for (please circle as appropriate): A B C D

Reason (150 words or less) :

Approval by Supervisor(s):

Student's Signature

Supervisor's Signature

Name in BLOCK:

Date:

Date:

(For Official Use)

Approved for Subclass: A B C D

Approved by: _____

Signature: _____

Date: ____/____/____