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|  | **香港中文大學微生物學系****Department of Microbiology****The Chinese University of Hong Kong** | **C:\Users\corrie\Desktop\4C_gif.gif** |

**Certificate Course in Medical Microbiology 2024**

**醫學微生物學證書課程 2024**

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| Notes: 1. The completed application form, together with copy of academic/professional qualifications should be returned to corrieleung@cuhk.edu.hk2. Application fee of HK$100 (non-refundable) can be paid together with the course fee when applicant received the confirmation of acceptance.  3. The information supplied will be used for enrolment and admission purposes in the University. It may be accessible to offices, committees or persons who will process enrolment and admission matters. Information on all unsuccessful candidates will be destroyed after the admission exercise when no longer required. |

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| **1. Personal Particulars**(Please use BLOCK LETTERS and ‘✓’ where appropriate. The name will be printed on the certificate of completion/attendance) |
| Title: 🞏 Prof 🞏 Dr 🞏 Mr 🞏 Ms |
| Gender: 🞏 Male 🞏 Female |
| Surname (姓): |  | (English) |  | (Chinese) |
| Given Name (名): |  | (English) |  | (Chinese) |
| Identity Type by Issuing Country: |  |
| Identity Number: |  |
| Department/Hospital/University: |  |
| Correspondence |  |
| Address (Chinese): |  |
| Office address |  |
| (Chinese): |  |
| Contact Tel No: |  | Email address: |  |

**2. Academic Qualifications**

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| **Institution** | **Country of****Institution** | **Diploma / Degree** | **Date of Attendance** | **Date of Award** |
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**3. Working Experience**

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| **Institution and Location** | **Position** | **Date** |
| From | To |
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| **Applicant’s Signature**: | **Approval by Applicant’s Supervisor**: |
|  |  |  | Name of Supervisor:Name of Supervisor |  |
|  |  |  | Email address:  |  |
| Signature: |  |  | Signature: |  |
| Date: |  |  | Date: |  |