

THE UNIVERSITY OF HONG KONG
LI KA SHING FACULTY OF MEDICINE

DEPARTMENT OF PATHOLOGY

Master of Molecular and Diagnostic Pathology (MMDPath)

Application for Admission as Occasional Students
(Specific Courses or Sections within the MMDPath only)

The personal data provided in this form will be used for processing your application for enrolment on the relevant courses, by the administrative and academic departments concerned. If you wish to access or correct your personal data after submission of this form, please contact Ms Gigi Cheung of the Department of Pathology.

An attendance certificate will only be issued to students who have attended 75% of the teaching sessions of each of their chosen modules/courses.

Course fee:

Standalone CME courses for occasional students:

Standalone 3-credit course	HK\$ 7,830
Standalone 6-credit course	HK\$ 15,660
Standalone 9-credit course	HK\$ 23,480

CME courses for occasional students attending specific sections of the Diagnostic Pathology Modules:

MMDP7004-1: Chemical Pathology	HK\$ 7,200
MMDP7004-2: Diagnostic Haematology & Transfusion Medicine	HK\$ 8,400
MMDP7010-1: Immunology	HK\$ 6,500
MMDP7010-2: Renal Pathology Update & Transplant Related Pathology	HK\$ 8,200

This form should be completed and returned to the Department of Pathology (Address: Room 019, 7/F, Block T, Queen Mary Hospital, Pokfulam Road, Hong Kong) together with a Hong Kong dollar cheque for the course fee, which must be crossed and made payable to "*The University of Hong Kong*" (Note: only cheque will be accepted). For enquiries, please contact Ms Gigi Cheung (Tel: 2255 2664; Fax: 2218 5213; Email: mmdpath@pathology.hku.hk).

Section A

1. PERSONAL INFORMATION

Dr/Mr/Mrs/Miss* (Please fill in your full name [surname first] in block letters, as in your H.K.I.D. Card/passport.)

_____ Name in Chinese characters (if any): _____

Address for correspondence: _____

Fax No.: _____ E-mail address: _____

Tel. No.: _____ (Home) _____ (Office) _____ (Mobile Phone)

For current Research Postgraduate and Taught Postgraduate students only:

Date of first registration: _____ Programme: _____ U. No. _____

Department: _____ Supervisor's Name: _____

2. PRESENT OCCUPATION

Position held and Department _____ Starting date _____

Name and address of organisation _____

3. QUALIFICATIONS

4. I wish to enrol in the following Course(s)*:

Molecular Pathology Modules

- MMDP7001: Principles and Techniques of Molecular Pathology (9 credits)
- MMDP7002: Clinical Applications of Molecular Testing (9 credits)
- MMDP7003: Fundamentals of Genetic Testing for Hereditary Disorders (9 credits)
- MMDP7007: Practical Course in Laboratory Methods (6 credits)
- MMDP7009: Clinical Applications of Genetic Testing in Inherited Diseases and Genetic Counselling (9 credits)
- MMDP7019: Applications of Emerging Technologies for Genetic Testing (9 credits)

Diagnostic Pathology Modules

- MMDP7004: Chemical Pathology, Immunology, Diagnostic Haematology and Transfusion Medicine (9 credits)
- MMDP7005: Essential Anatomical Pathology of Epithelial Tumors (6 credits)
- MMDP7015: Essential Anatomical Pathology of Non-epithelial Tumors (3 credits)
- MMDP7008: Molecular Microbiology (3 credits)
- MMDP7010: Renal Pathology, Immunology and Transplant Related Pathology (9 credits)

5. I wish to enrol in the following Section(s)*:

- MMDP7004-1: Chemical Pathology
- MMDP7004-2: Diagnostic Haematology & Transfusion Medicine
- MMDP7010-1: Immunology
- MMDP7010-2: Renal Pathology Update & Transplant Related Pathology

* Please tick as appropriate.

6. Total Course(s)/Section(s) to be enrolled:

7. Total course fee for the selected Course(s)/Section(s):

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

Date: _____ Applicant's Signature: _____

For current Research Postgraduate and Taught Postgraduate students only:

Date: _____ Supervisor's Signature: _____

Section B

To : Academic Director/Course Co-ordinator of MMDPath

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

Remarks: _____

Date: _____ Signature: _____

* Please delete as appropriate