

Master of Advanced Pharmacy (MAP) Application for Admission as Occasional Students 2022-23

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 the Master of Advanced Pharmacy Office.

The Department of Pharmacology and Pharmacy at HKU will be offering a number of courses and study options in Semester 2 (starting January 2023) for occasional students. This allows students who are not formally in the Master of Advanced Pharmacy programme to access the rich content that are highly relevant in pharmacy practice and to develop their professional network.

If you are interested, this form should be completed and sent to the MAP Office via email (mapharm@hku.hk). For enquiries, please contact us (Tel: 3917 9025; Email: mapharm@hku.hk).

Section A

1. PERSONAL INFORMATION Title: Surname: Address for Correspondence: Email Address: Tel: Tel: Office) For current Taught Postgraduate students only: Date of first registration: Programme: UID: Department: For Full-time HKU Staff: Position held: Position held: Department /School

2. I wish to enroll in the following courses: (Course timetable can be found on department website)

Full credit courses	HKU Credits	Fee	Payment Method
MAPH7330 Regulatory Affairs – Hong Kong and Beyond	6	\$13,120	Click here for
[Study Option A]			Online Payment
MAPH7360 Advanced Therapy Products	3	\$6,560	Click here for
[Study Option A]			Online Payment

Certificate Courses	HKU Credits	Fee	Payment Method
Certificate Course in Regulatory Affairs	None	\$8,750	Click here for
[Study Option B]			Online Payment
Certificate Course in Advanced Therapy Products	None	\$4,370	Click here for
[Study Option B]			Online Payment
Certificate Course in Pharmaceutical Industry	None	\$4,370	Click here for
			Online Payment

3. No. of total course(s):	and total no. credit	units:
4. Total course fees for the course(s):		
Date:	Applicants' Signature:	
For current Taught Postgraduat	e students only:	
Date:	Supervisor's Signature: _	
Section B		
From Department of Pharmacology ar	ld Pharmacy, The University of Hong	g Kong
To: Applicant		
I approve / do not approve* the application	ation this applicant for the study of th	ne captioned course(s).
Date:	Signature:	
*Delete as appropriate		
December 2022		
Download	Print	Submit
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