

GRADUATE SCHOOL

Research Postgraduate Programmes Application for Exemption from Taking MCCP Courses

Points to Note:

- (1) Application will only be considered for MCCP6010 and MCCP6020 and upon the recommendation of the respective course instructor.
- (2) In the event you wish to apply for exemption, you should indicate your intention to the course coordinator. The course coordinator will further discuss and assess your eligibility for the application and make a recommendation (including writing an assessment, if appropriate).
- (3) Please make sure you have obtained appropriate approval/endorsement from all parties before passing the form to GS. GS reserves the right to return incomplete application to the applicant and this may result in delays in considering your application.

Name:			Student No.:						
	(surna	me in capital letters)							
Programme*:	☐ MPhil	□ PhD	Study Mode*:	☐ Full-time	☐ Part-time				
Department:			Contact No.:						
* Please tick where appropriate.									
I would like to apply for exemption from taking the following MCCP course(s) (Please tick as appropriate):									
□ MCCP 6	010 Teaching	University Students							
1. Do you hav	ve any univers	sity teaching experience?	Yes/No						
If yes, please el	If yes, please elaborate:								
(Please provide teaching evaluation/appointment letter or other verification(s) if applicable)									
2 Have you									
·	itenueu any c	ourse(s)/ workshop(s) tha	t was/ were related to teach	ng university st	udents?				
Yes/No	_								
If yes, please el	aborate:								
(Please provide co	ourse syllabus a	and transcript or other verifice	ation(s) if applicable)						
3. Other reason	on(s):								
□ MCCP 6	020 Advanced	d English for Academic P	Purposes						
1. Do you hav	ve any previot	us postgraduate training/e	experience in academic writi	ng? Yes/N	lo				
If yes, please el	aborate:								
(Please provide	course syllabus	and transcript; publication s	amples or other verification(s) i	f applicable)					
2. Do you hav	ve any previoi	us postgraduate training/e	experience in academic prese	entation? Yes/N	Ло				
If yes, please el	aborate:								
(Please provide co	ourse syllabus a	 and transcript; records of acad	demic seminars/conference pres	entation or other	verification(s) if				
applicable)									

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3.	Yes/No								
If	If no, please elaborate:								
4.	Other reason(s):								
	Student's Signature: Date:								

For Completion by Course Coordinator, Principal Supervisor, Department Head and Faculty/School Dean

	Name	Exemption Recommended	Signature	Remarks/Comments/Assessment (attach separate sheets where necessary)	Date
Course Coordinator		Yes / No			
Principal Supervisor		Yes / No			
Department Head		Yes / No			
Faculty/School Dean		Yes / No			

Personal Information Collection Statement

Persons who supply personal data in their applications to the Graduate School for various purposes are requested to note the following:

- 1. Personal data provided in the applications are to facilitate the process of their applications and will not be used for other purposes.
- 2. Personal data provided will only be used by University staff.
- 3. After the applications have been processed, relevant data will be recorded.

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