

香港中文大学(深圳)
THE CHINESE UNIVERSITY OF HONG KONG, SHENZHEN
教务处
Registry Office
集中科目考试请假申请表

APPLICATION FORM FOR ABSENCE FROM CENTRALIZED COURSE EXAMINATION

注意
Note:

根据本科生总学则第9.5条规定, 学生如因病或要事不能参加科目考试, 须尽早以书面并附证明文件向教务处处长申请补准缺考。此申请须于该项考试后五个工作日内办理。如因病或因伤缺考, 申请书须附合格医生签署的证明文件。

According to clause 9.5 of the General Regulation Governing Undergraduate Studies, a student who for medical or other compelling reasons is unable to sit for any course examination shall apply in writing with documentary evidence at the earliest possible instance but in any case not later than five working days after the examination concerned to the Director of Registry Services for permission for absence. In the case of illness/injury, the application shall be accompanied by a certificate signed by a qualified medical practitioner.

学生未获准许而于任何考试缺考, 该考试成绩作不及格计算。学生如获准考试缺考, 须于考试周结束后十五天内完成补充考核安排。

A student who is absent from any examination without permission shall be given a failure grade in that examination. All make-up arrangements, if approved, must be completed within 15 days after the Centralized Course Examination week.

姓名 (中文) _____ (英文) _____ 学号
Name (Chinese) _____ (English) _____ Student I.D. No. _____

所属学院 _____ 修业年 _____
School _____ Year of Attendance _____

考试科目信息

Details of the Examination Concerned

科目编号 _____ 科目名称 _____
Course Code _____ Course Title _____

开课学院 _____ 修读学期 _____ 原考试日期 _____
Offering School _____ Offering Term _____ Original Examination Date _____

考试请假原因 (必须填写; 如适用, 请附有关证明文件)

Reason(s) for Absence from Centralized Course Examination (must be provided; please also submit supporting documents if applicable)

学生签名 _____ 申请日期 _____
Signature of Student _____ Date _____

收集个人资料声明

- 此表格所收集的资料将用以处理有关的申请, 所提供的资料于无需保留时将全部销毁。
- 本表格所收集的资料或会转交香港中文大学(深圳)其他行政或教学部门作考虑或批核用。
- 如在递交此表格后要查阅或改正个人资料, 请联系开课学院 (请浏览我校官网以获取所需联系方式, 官网地址: <https://www.cuhk.edu.cn/>)。

Personal Information Collection Statement

- The personal data provided on this form will be used for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
- Information provided on this form may be transferred to other departments/ administrative units within CUHK(SZ) for consideration and granting approval, where applicable.
- For correction of or access to the personal data after submission of this form, please contact the Course Offering School: (Please visit CUHK(SZ) website at <https://www.cuhk.edu.cn/> for the necessary contact information)

For office use only

Endorsement by the Course Instructor <input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed Signature _____ Date _____	Endorsement by the Course Offering School <input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed Signature _____ Date _____	Approval by the Director of Registry Services <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Signature _____ Date _____
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