

Application Form For Absence From Final Examination**研究生缺考申请表**

According to clause 12.6 of the General Regulation Governing Postgraduate 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 to the dean of the Graduate School at the earliest possible instance but not later than five working days after the examination concerned for permission for absence. In the case of illness/injury, the application shall be accompanied by a certificate signed by a qualified medical practitioner. A student who is absent from any examination without permission shall be given a failure grade in that examination.

根据研究生手册第 12.6 条规定，学生如因病或要事不能参加某科目考试的部分或全部，须尽早以书面并附证明文件向研究生院院长申请补准缺考。此项申请须于该项考试之后五个工作日内办理。研究生院院长将咨询有关学院以决定补考安排。因病申请缺考的研究生须附呈合格医生签署的证明文件。研究生如未获准许而于任何考试缺考，该考试成绩作不及格计算。

All make-up arrangements, if approved, must be completed within 15 calendar days after the exact examination date of the course concerned.

所有补考安排，如获批准，必须在有关课程的实际考试日期后 15 日内完成。

Personal Information Collection Statement:

- The personal data provided on this form will be used by the Graduate School 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-Shenzhen for consideration and granting approval, where applicable.
- For correction of or access to the personal data after submission of this form, please contact the Graduate School:
(Tel. No.: (86)755-84273900, e-mail address: gs@cuhk.edu.cn)

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，请联络研究生院（电话：(86)755-84273900 电邮：gs@cuhk.edu.cn）

Section I To be completed by Student 学生填写

Name (Chinese) 姓名（中文）_____ (English)（英文）_____

Student I.D. No. 学号_____ Programme 课程_____ Year of study 年级_____

Details of the Examination concerned 相关考试信息

Course code 课程编码 _____ Course title 课程名称 _____

Offering Term/Year 学期/年份 _____ Original examination date and time (dd/mm/yy) 原考试日期与时间 _____

Reason for absence from examination (please attach supporting document and medical certificate, if applicable): 申请缺考原因
(如有需要，请附上相关证明文件)

Signature of Student 学生签名 _____ Date 日期 _____

Section II To be completed by Course Instructor**授课教师签批**

Course Teacher: Endorsed Not Endorsed

Comments* (Expected make-up examination time)

Signature _____ Date _____

Section III Endorsement by Programme Director/Supervisor**课程主任/导师签批**

Approved Not Approved

Remarks _____

Signature _____ Date _____

Section VI Endorsement by Chair of the Graduate Panel**学院研究生事务委员会主席签批**

Approved Not Approved

Remarks _____

Signature _____ Date _____

Section V Approval by the Dean of the Graduate School**研究生院院长签批**

Approved Not Approved

Remarks _____

Signature _____ Date _____

