

收件日期		
Received Date	•	
課程督導		
Received by	•	

緩考申請表

APPLICATION FOR MAKE-UP EXAMINATION

*請於填表前細閱注意事項 Please read the notes before completing this form

*請以正楷填寫 Please use block letters

學生個人資料 PERSO	<u>NAL INFORMATION OF STUDEN</u>	<u>NT</u>		
中文姓名 Name in Chinese	:	學 生 證 號 Student No. :		
外文姓名 Name in English	:	聯絡電話 Contact No.		
電郵地址 E-mail Address	: @cityu.mo*	*相關通知將發送至校內郵箱,請學生 Please refer to your school assigned email for		
學院 Faculty	:	課程及班級 Programme and Class :		
課程層級 : Degree Level	□ 先修班/文憑 □ 學士 □ 碩 Pre-U/Diploma Bachelor	i士 □博士 Master Doctoral		
原定考試日期/時間		授課老師意見 Teacher's Comment 授課老師簽名		
Original Examination Tim	ne Course Name (Code)	同意 不同意(需註明原因) Agree Disagree (Please specify the reason)	Signature	
	_			
緩考之原因 Reason of Examination Absence	:	<u> </u>		
Students applyin Faculty/General 2 學生需按大學費,否則視為 Students should complete the p 3 申請批准後, After the applie 4 緩考結果僅為	g for Make-up Examination must have their apple Education Department Administrative staff for B收費標準親臨財務部或匯款繳交緩考的放棄提交之緩考申請。 d pay the make-up examination fees at the layment within 5 working days after the note 缓考時間及成績公佈日期將由學院按	手續費,詳情可諮詢財務部。學生須於收益 Finance Division. Please contact Finance Division ification issued. Failure to pay on time will be co 實際情況作出編排及公告。 ake-up examination will be arranged and announ	时數費通知5個工作日內完成繳 on for details. Students should ensidered as giving up the application.	
課程主任意見及簽名	名 □ 同意Agree □ 不同意Disagree	(理由Please Specify the Reason)	日期	
Programme Coordinat	:		Date :	
院所領導意見及簽名	名 □ 同意Agree □ 不同意Disagree	(理由Please Specify the Reason)	日期	
Dean of the faculty	:		: Date	
教務處意見及簽名	□ 同意Agree □ 不同意Disagree	(理由Please Specify the Reason)	日期	
Registry	:		Date :	
			REG/MAKE-UP EXAM (11-2022) V.6	