

香港中文大學  
THE CHINESE UNIVERSITY OF HONG KONG

註冊及考試組  
Registration and Examinations Section

缺考統一編排科目考試申請表  
Application for Absence from Centralized Course Examinations

下學期  
2nd term  
2021-22

注意

**Note :**

- i. 請留意有關學則並將申請表交回註冊及考試組(本科生)、研究院(研究生)或學術交流處(亞洲課程學生)辦理。  
Please note the Regulations concerned and return this application form to the Registration and Examinations Section (full-time undergraduate students), the Graduate School Office
- ii. 請留意缺考申請結果或有關事宜將以電郵(@link account)通知個別學生, 若於遞交申請日期後14個工作天仍未收到申請結果, 學生須主動向有關部門(i)查詢。  
Please note that result of application/other related matters will be communicated to student through his/her CU campus e-mail (@link account). Student should contact relevant office listed in if s/he does not receive the e-mail 14 working days after the submission date of the application.

姓名 [ 英文 ] \_\_\_\_\_ [ 中文 ] \_\_\_\_\_ 學號 \_\_\_\_\_  
Name : [ in English ] \_\_\_\_\_ [ in Chinese ] \_\_\_\_\_ Student I.D. No. : \_\_\_\_\_

主修 / 課程 \_\_\_\_\_ 課程編碼 \_\_\_\_\_ 聯絡電話 \_\_\_\_\_  
Major / Programme : \_\_\_\_\_ (Programme Code: \_\_\_\_\_ ) Contact Tel. No. : \_\_\_\_\_

本人擬申請缺考以下科目

I wish to apply for absence from examination for the following course(s):

應盡早申請並須最遲於該項考試後5個工作天內提交。

Application should be submitted as early as possible but NOT later than 5 working days after the examination concerned.

科目編號 Course Code	組別 Section	科目名稱 Course Title	考試日期/時間 Examination Date/Time	考試模式 Examination Mode (例如: 線上/面對面) (e.g. online/face to face)
1				
2				
3				
4				

原因(請在方格內以✓表示)

Application reason(s) (please tick as appropriate):

- 健康原因 [必須附上有關考試當天之有效醫生紙(不接受到診證明書)]  
Medical reason(s) [please attach the medical certificate (NOT attendance certificate) covering the period of the examination concerned]
- 其他原因 [必須附上有關證明文件]  
Other reason(s) [please attach supporting document(s)]:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

簽署

Signature : \_\_\_\_\_

日期

Date : \_\_\_\_\_

**收集個人資料聲明**

1. 此表格所收集的資料將用以處理有關的申請, 所提供的資料於無需保留時將全部銷毀。  
2. 本表格所收集的資料或會轉交香港中文大學其他行政或教學部門作考慮或批核用。  
3. 如在遞交此表格後要查閱或改正個人資料, 請聯絡註冊及考試組: (電話: 3943 9888、傳真: 2603 5129、電郵: ugadmin@cuhk.edu.hk)

**Personal Information Collection Statement**

1. 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.  
2. Information provided on this form may be transferred to other departments/ administrative units within CUHK for consideration and granting approval, where applicable.  
3. For correction of or access to the personal data after submission of this form, please contact the Registration and Examinations Section:  
(Tel. No.: 3943 9888, Fax No.: 2603 5129, e-mail address: ugadmin@cuhk.edu.hk)