

香港中文大學
THE CHINESE UNIVERSITY OF HONG KONG
註冊及考試組
Registration and Examinations Section
請假申請表
APPLICATION FOR LEAVE OF ABSENCE

(一) 病假

MEDICAL LEAVE

如因病需請假逾一週，學生必須呈交大學保健主任簽署之證明文件。

In case of illness necessitating absence exceeding one week, a student should submit a medical certificate signed by the Director of the University Health Service.

(二) 事假

NON-MEDICAL LEAVE

學生因事請假逾一週，必須申明請假理由及呈交有關之證明文件。

A student who wishes to obtain leave of absence exceeding one week for non-medical reasons shall state the reasons for which leave of absence is sought and submit all necessary supporting documents.

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|-----------------------------|-----------------------------------------|--------------------------|
| 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                                    |                          |
| Major / Programme : _____   | (Programme Code: _____)                 |                          |
| 修業年                         | 預期畢業年份/學期                               | 聯絡電話                     |
| Year of Attendance: _____   | Expected Year/Term of Graduation: _____ | Contact Tel. No.: _____  |

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請假期 自 _____ 至 _____
Leave applied : From _____ to _____

原因 (須附有關證明文件)

Reason(s) (Please attach all necessary supporting documents) : _____

簽署 _____ 日期 _____
Signature : _____ Date : _____

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**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)
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***Endorsement by Major Department/Programme***

I \*endorse / do not endorse the student's application.

\_\_\_\_\_  
Signature of Dept. Chairman/Programme Co-ordinator

\_\_\_\_\_  
Date

\* Please delete as appropriate