

## Academic Registry (Taught Postgraduate Studies Section) Application for Make-up Examination (Semester/Trimester \_\_\_\_, 20 \_\_\_\_/20 \_\_\_)

- 1. Students will be notified of the result of their applications for make-up examination by early January / June via email.
- 2. Application for make-up examination, together with documentary evidence, has to be submitted to the Graduate School within 5 working days after the missed examination. Late application or application without documentary evidence will NOT be processed.
- 3. If your absence is due to illness, the original medical certificate, together with the <u>Form of Medical Certificate</u>, completed by a qualified medical practitioner must be submitted with this application form to the Taught Postgraduate Studies Section.
- 4. No further arrangements would be made for students who are absent from the approved make-up examinations.

Part A: To be filled in by s	tudent		
Student Name:		(	) Student No.:
	(in English)		(in Chinese)
Programme/Option:		Study Year:	Contact Tel. No.:
I hereby submit my applic	cation for make-up ex	amination(s) for the	following course(s):
Course 1:			
Code:	Section:	Title:	
Instructor(s):		Teaching De	partment:
Scheduled Examination Da	ate:	Time:	Venue:
Course 2:			
Code:	Section:	Title:	
Instructor(s):		Teaching De	partment:
Scheduled Examination Date:		Time:	Venue:
Course 3:			
Code:	Section:	Title:	
Instructor(s):		Teaching De	partment:
Scheduled Examination Date:		Time:	Venue:
Course 4:			
Code:	Section:	Title:	
Instructor(s):		Teaching Department:	
Scheduled Examination Date:		Time:	Venue:
Reasons for Absence (sup	porting documents ar	e required):	
Signature:			Date:

TPG-005a Updated March 2024

## Part B: For office use

Recommendation of Course Instructor and Department / Programme Head				
Notes: (a) Please see the General Regulations stipulated in the current Calendar / Bulletin for rules concerning make-up examinations.  (b) A new examination paper should be set for the make-up examination.				
(1) I recommend / do not recommend* the applicant for make-up examination for Course (please fill in course code)  Comments:				
Course Instructor: Date: (Signature)				
(2) I support / do not support* the course instructor's recommendation.  Comments:				
Department / Programme Head: Date:  (Signature) *Please delete where appropriate				
Decision of Academic Registry (Taught Postgraduate Studies Section)				
Approved ( ) Disapproved ( )  Section Head: Date: (Signature)  Comments, if any				
For Use of Academic Registry (Taught Postgraduate Studies Section)				
Application received on by				
Documentary proof received on				
Student notified of final decision on Date of make-up examination				

## Personal Data (Privacy) Ordinance

## **Personal Information Collection Statement**

Persons who supply personal data in their applications to the Academic Registry (Taught Postgraduate Studies Section) for various purposes are requested to note the following:

- 1. Personal data provided in the applications are to facilitate the process of their applications and will not be used for other purposes.
- 2. Personal data provided will only be used by University staff.
- 3. After the applications have been processed, relevant data will be transferred to the student record system of the University.

Under the provision of the Personal Data (Privacy) Ordinance, request for personal data access or correction may be made and addressed to:

Academic Registry (Taught Postgraduate Studies Section)
AAB 904, Level 9, Academic and Administration Building,
Baptist University Road Campus,
Hong Kong Baptist University
Kowloon Tong, Kowloon

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