

ACADEMIC REGISTRY

Application for Make-up Examination (Semester ____, 20 ____ - 20 ____)

- 1. Please submit this application form together with supporting document(s) to the Academic Registry within 5 working days after the missed examination. Late application or application without supporting document(s) will NOT be processed.
- 2. In case of illness or injury, please submit a medical certificate recommending for sick leave on the date of the missed examination by a qualified medical practitioner with this application form.
- 3. Students will be notified the result of their applications for make-up examination **via email** in early January for Semester 1 and in early June for Semester 2.
- 4. The make-up examination timetable will be announced at the AR website about **one week** before the make-up examination period stated on the Academic Calendar. Students are required to check the timetable by themselves.
- 5. No further arrangements would be made for students who are absent from the scheduled make-up examinations.

Student Name:		() Student No.:
	(in English)		(in Chinese)	,
Programme:			Study Year:	Contact No.:
I hereby submit my	application for make-	up examinat	ion(s) for the follow	ving course(s):
Course 1:				
	Section:	Title	e:	
Instructor(s):			Teaching Department:	
Examination Date:		Time: _		Venue:
Course 2:				
Code:	Section:	Title	2:	
Instructor(s):			Teaching Department:	
Examination Date:		Time: _		Venue:
Course 3:	Continu	TF:41		
Instructor(s):			Teaching Department:	
Examination Date:		Time: _		Venue:
D			· ·····•	
Reasons for Absen	ce (supporting docur	nents are re	equired):	
Signature:				Date:

Part B: For office use

Recommendation of Course Instructor and Department / Programme Head						
Notes	(b)	Please read the General Regulations stipulated in the current Student Handbook for up examinations. A new examination paper should be set for the make-up examination. Remarks from Academic Registry:				
(1)		ommend / do not recommend* the applicant for make-up examination for Course	(course code)			
	Cou	se Instructor: Date:				
(2) I support / do not support* the course instructor's recommendation. Comments:						
*Pleas		rtment / Programme Head: Date: (Signature)				
Decision of Academic Registry						
) Disapprove () istant Academic Registrar: Date:				
For l	Hgo o	f Academia Degistry				
For Use of Academic Registry						
Application received on by						
Documentary proof received on						

Personal Data (Privacy) Ordinance

Personal Information Collection Statement

Persons who supply personal data in their applications to the Academic Registry 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, application forms will be destroyed 3 months after the process is over.

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

Academic Registrar Academic Registry Room 701, 7/F, Academic and Administration Building Kowloon Tong, Kowloon