

THE CHINESE UNIVERSITY OF HONG KONG
Graduate School

Application Form for Absence from Examination

According to clause 12.6 of the *General Regulations Governing Postgraduate Studies*, a student who for medical or other compelling reasons is unable to sit for any examination or any part thereof shall apply in writing with documentary evidence to the Graduate School at the earliest possible instance but not later than five working days after the examination concerned for permission for absence from the examination or any part thereof. The Graduate School will determine in consultation with the Graduate Division concerned what follow up action is required. Application for such absence for medical reasons shall be accompanied by a medical certificate signed by the Director of the University Health Service or by a registered medical practitioner. A student who is absent from any examination without permission shall be given a failure grade in that examination.

Personal Information Collection Statement:

1. The personal data provided on this form will be used by the Graduate School for the purpose of processing this application. All information provided, when no longer required, will be destroyed.
2. For correction of or access to the personal data after submission of this form, please contact the Graduate School at 3943 8976 or email to: gradschool@cuhk.edu.hk
3. Information provided on this form may be transferred to other departments/administrative units within the University for consideration and granting approval, where applicable.

Section I (To be completed by Student)

Name: (Chinese) _____ (English) _____

Student I.D. No: _____ Mode of Study: Full-time Part-time

Programme: _____ Degree: _____ Year of Study: _____

Details of the Examination concerned:

Course Code: _____ Course Title: _____

Offering Term/Year: _____ Original Examination Date and Time (dd/mm/yy): _____

Reason for absence from examination (please attach supporting document and medical certificate, if applicable):

Signature: _____ Date: _____

Section II (To be completed by Course Teacher and Head of Graduate Division)

Course Teacher: Endorsed Not Endorsed

Comments: _____

Signature: _____ Date: _____

Division Head Approval recommended Approval not recommended

Comments: _____

Signature: _____ Date: _____

Section III (Approval by Dean of the Graduate School)

Approved Not Approved

Remarks: _____

Signature: _____ Date: _____