

香港中文大學
THE CHINESE UNIVERSITY OF HONG KONG
教務處註冊及考試組
Registration and Examinations Section, Registry
缺考統一編排科目考試申請表

下學期
2nd term
2025-26

APPLICATION FOR ABSENCE FROM CENTRALIZED COURSE EXAMINATIONS

注意事項:

Note :

- i. 請留意有關學則並將申請表親身交回註冊及考試組(適用於本科生)、研究院(適用於研究生)或學術交流處(適用於亞洲課程學生)辦理。
Please note the relevant Regulations and return this application form in-person to the Registration and Examinations Section (for full-time undergraduate students), the Graduate School Office (for postgraduate students) or the Office of Academic Links (for IASP students) for processing
- 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, 學生須主動向相關部門(請參閱(i))查詢。
Please note that result of applications/other related matters will be communicated to the students through CU campus e-mail (@link account). Students should contact the relevant office listed in (i) if results/updates are not received via email 14 working days after submission of the application.

姓名〔英文〕 _____ 〔中文〕 _____ 學號 _____
Name :〔 in English 〕 _____ 〔 in Chinese 〕 _____ Student I.D. No. : _____

主修 / 課程 _____ 聯絡電話 _____
Major / Programme : _____ 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):

同學應盡早提交申請, 在任何情況下, 申請須最遲於該項考試後 5 個工作天內 交抵負責辦公室。請參閱全日制本科生總學則第 9.5 條之相關規定。 Application should be submitted as early as possible but in any case NOT later than 5 working days after the examination concerned. Please refer to Clause 9.5 of the <i>General Regulations Governing Full-time Undergraduate Studies</i> for more information.				
	科目編號 Course Code	組別 Section	科目名稱 Course Title	考試日期/時間 Examination Date/Time
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由註冊執業醫生簽署的建議病假文件(非到診紙) **正本**]
Medical reason(s) [please attach the **original copy** of certificate signed by a registered medical practitioner recommending sick leave (NOT attendance certificate) covering the period(s) of the examination concerned]
- 其他原因 [必須附上有關證明文件]
Other reason(s) [please attach relevant supporting document(s)]:

簽署 _____
Signature: _____

日期 _____
Date: _____

收集個人資料聲明

- 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。
- 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之用。
- 如在遞交此表格後需查閱或改正個人資料, 請以電郵聯絡註冊及考試組(ugadmin@cuhk.edu.hk)或相關部門。

Personal Information Collection Statement

- The personal data provided on this form will be used for the purpose of processing this application. All information provided will be destroyed when no longer required.
- Information provided on this form may be transferred to other departments/ administrative units within CUHK for consideration and granting approval, where applicable.
- For correction of or access to the personal data after submission of this form, please contact the Registration and Examinations Section by email (ugadmin@cuhk.edu.hk) or relevant office concerned.