

# 补考申请表格

## Replacement Examination Application Form

\_\_\_\_\_年度 第\_\_\_\_\_学期  
(Year) (Semester)

Applicant's Details 申请者资料				
Student ID 学号:		Name 姓名 (中): (英):		
Course 科系:				
Email 电邮:		Tel 电话:		
补考原因: <input type="checkbox"/> 一般病假 <input type="checkbox"/> 亲丧 <input type="checkbox"/> 重病住院 <input type="checkbox"/> 其他: Reason: sick leave family bereavement hospitalization for serious ailment Other:				
(请附上有关证明信。Please attached with relevant documents.)				
Replacement Subject(s) 申请补考的科目:				
科目编号 Subject Code	科目名称 Subject Title	考试日期 Examination Date	考试时间 Examination Time	科任讲师 Lecturer
<b>注意:</b> 1. 补考须在有关考试前或考试后 48 小时内申请。 2. 补考日期、时间及地点: 注册处将另行通知。 3. 逾期者将不受理。		<b>Notes:</b> 1. Replacement Examination should be applied: 48 hours within the related examination on. 2. Replacement examination date, time and venue: will be informed by Examination Unit. 3. No application will be accepted after the deadline.		
申请者签名 <b>Applicant's Signature:</b> _____		日期 <b>Date:</b> _____		
Please submit this form to the following departments in sequence. 请至以下部门办理签准手续 (注: 依顺序办理)				
Department 部门	Signature 签名	Date 日期	Remarks 备注	
Registrar's Office (Academic Affairs Unit) / 注册处(教务组)				
	<input type="checkbox"/> 按分数百分之六十给分 (一般病假) <input type="checkbox"/> 按实得分数给分 60% of the actual score (for sick leave) Actual score.			
Registrar's Office (Examination Unit) / 注册处(考试中心)	补考日期/Date:	补考地点/Venue:	补考时间/Time:	