



# 澳門城市大學

Universidade da Cidade de Macau  
City University of Macau

收件日期 : \_\_\_\_\_  
Received Date : \_\_\_\_\_  
課程督導 : \_\_\_\_\_  
Received by : \_\_\_\_\_

## 緩考申請表 APPLICATION FOR MAKE-UP EXAMINATION

\* 請於填表前細閱注意事項 Please read the notes before completing this form

\* 請以正楷填寫 Please use block letters

### 學生個人資料 PERSONAL INFORMATION OF STUDENT

中文姓名 : _____ Name in Chinese	學生證號 : _____ Student No.
外文姓名 : _____ Name in English	聯絡電話 : _____ Contact No.
電郵地址 : _____ @cityu.mo* E-mail Address	*相關通知將發送至校內郵箱，請學生注意查閱。 Please refer to your school assigned email for notification.
學院 : _____ Faculty	課程及班級 : _____ Programme and Class
課程層級 : <input type="checkbox"/> 先修班/文憑 <input type="checkbox"/> 學士 <input type="checkbox"/> 碩士 <input type="checkbox"/> 博士 Degree Level : Pre-U/Diploma Bachelor Master Doctoral	

原定考試日期/時間 Original Examination Time	緩考之科目名稱 (編號) Course Name (Code)	授課老師意見 Teacher's Comment		授課老師簽名
		同意 Agree	不同意(需註明原因) Disagree (Please specify the reason)	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

緩考之原因 : \_\_\_\_\_  
Reason of Examination Absence

### 注意事項 :

- Notes: 1. 學生提出申請緩考前必需先將此申請表經授課老師簽署意見及簽名後再遞交學院/通識教育部行政職員。  
Students applying for Make-up Examination must have their application approved and signed by teacher(s) of the course before submitting to the Faculty/General Education Department Administrative staff for processing.
2. 學生需按大學收費標準親臨財務部或匯款繳交緩考手續費，詳情可諮詢財務部。  
Students should pay the make-up examination fees at the Finance Division. Please contact Finance Division for details.
3. 申請批准後，緩考時間及成績公佈日期將由學院按實際情況作出編排及公告。  
After the application is approved, the date and result of make-up examination will be arranged and announced by the Faculty.
4. 緩考結果僅為 "及格" 或 "不及格"。  
The Grade of Make-up Examination will be either "D(passed)" or "O (failed)".

申請人簽名 : \_\_\_\_\_ 日期 : \_\_\_\_\_  
Applicant's Signature Date

課程主任意見及簽名 : _____ Programme Coordinator	<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 不同意 Disagree (理由 Please Specify the Reason)	日期 : _____ Date
院所領導意見及簽名 : _____ Dean of the faculty	<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 不同意 Disagree (理由 Please Specify the Reason)	日期 : _____ Date
教務處意見及簽名 : _____ Academic Affairs Office	<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 不同意 Disagree (理由 Please Specify the Reason)	日期 : _____ Date