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| **Student Information** |
| Student Name: |  | Student Number: |  | - |  |  | - |  |  |  |  | - |  |
| Academic Year: |  | Semester: | [ ]  First  | [ ]  Second |
| **Reason for Supplementary Examination Application** |
| Reason for Supplementary Exam Application (Please 🗷 the appropriate): |
|[ ]  Sick Leave (Medical Proof must be attached)  |
|[ ]  Compassionate Leave (Letter or Proof must be attached) |
|[ ]  Represent University of Macau / Macau SAR in Activity (Letter or Proof must be attached) |
|[ ]  Other Reasons (please specify and attach supporting document):  |
|  |  |  |
|  |  |  |
|  | **Course Code** | **Section**  | **Course Title** | **Name of Instructor** | **Examination Date** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |

In making this application, I clearly understand the following rules and regulations:

* A student who is not able to attend an examination due to sickness or any other special reason as approved by the Dean of his/her faculty may apply for a supplementary examination. A student who is absent from an examination will be requested to submit an application form with valid reasons, under normal circumstances, to the faculty concerned within seven working days from the date on which the examination is held. *(Reference: Point 10 of the Examination Rules)*
* This form is for supplementary examination for courses offered by FHS only. Please submit the form with supporting document(s) to FHS General Office.
* A fee will be charged for each supplementary examination taken. Details please refer to ‘[Fees and Charges](https://fo.um.edu.mo/student/fees_and_charges/)’ in the current academic calendar. No action will be taken upon the payment is fully settled.

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| Student Signature: |  | Date: |  |

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| **For FHS General Office Use Only** |
| Date of Submission: |  | Approved by: |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | Date: |  |  |
| Document Submitted:□ Written Request□ Letter / Proof □ Medical Proof |  | (signature of Head of Academic Unit / Delegate) |  |  |  |