



澳門大學
UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU

人文學院 Faculty of Arts and Humanities
補考/重考申請表格 Supplementary/Re-sit Examination Application Form

第一部分 Section I		個人資料 (由學生填寫) Personal Particulars (to be completed by student)	
姓名 Name	中文 Chinese	<input type="text"/>	英文 English
學號 Student No	<input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	主修 Major	<input type="text"/>
聯絡電話 Telephone	<input type="text"/>		

第二部分 Section II		申請詳情 (由學生及部門填寫) Application Details (to be completed by student and Department office)	
<input type="checkbox"/> 補考 Supplementary Exam			
課程編號 Course Code	班別 Section	課程名稱 Course Title	此欄由部門填寫 To be completed by Department Office
			請選出適用者 Please tick whichever is appropriate
			<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 不同意 Disagree
			<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 不同意 Disagree
			<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 不同意 Disagree
課程主任 / 系主任 簽署 Signed by Programme Coordinator / Head of Department			
注意事項 Note: • 申請人必須由考試日起 7 個工作日內提交申請表及相關證明文件。 Applicants should submit a written request with valid reason and supporting document(s) within 7 working days from the examination date.			
<input type="checkbox"/> 重考 Re-sit Exam			
課程編號 Course Code	班別 Section	課程名稱 Course Title	此欄由部門填寫 To be completed by Department Office
			請選出適用者 Please tick whichever is appropriate
			<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 不同意 Disagree
			<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 不同意 Disagree
			<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 不同意 Disagree
課程主任 / 系主任 簽署 Signed by Programme Coordinator / Head of Department			
注意事項 Note: • 每學期學生最多只能申請重考兩門學科。 A student may NOT take more than TWO Re-sit examinations per semester.			

本人聲明以上所述資料及相關證明文件，皆屬真實無誤。
I declare that all the information given above and relevant supporting documents enclosed are accurate and complete.

學生簽署: _____ 日期: _____
Signature of Student: _____ Date: _____

學院專用 For FAH office use only		
收件蓋印 Document Received Chop	學術單位主管 Head of Academic Unit	輸入 Input by
	Date日期: / /	Date日期: / /