



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		英文 English	
學號 Student No	<input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>		主修 Major	
聯絡電話 Telephone				

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				
		此欄由部門填寫 To be completed by Department Office		
課程編號 Course Code	班別 Section	課程名稱 Course Title	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				
		此欄由部門填寫 To be completed by Department Office		
課程編號 Course Code	班別 Section	課程名稱 Course Title	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:

Signature of Student: _____

日期:

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: / /