



**SUPPLEMENTARY EXAMINATION APPLICATION FORM  
(FOR FINAL EXAMINATION OF FBA COURSES ONLY)**

<b>Name of Student:</b>		<b>Student Number:</b>	<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"/>
<b>Major:</b>		<b>Macao Phone No.:</b>	
<b>Academic Year:</b>	_____ / _____	<b>Semester:</b>	<input type="checkbox"/> First <input type="checkbox"/> Second

Reason for Supplementary Examination 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 of Certification must be attached)

Other Reasons:

- Please specify and attach Supporting Document: \_\_\_\_\_

Course Code	Section	Course Title	Name of Instructor	For FBA Office Use Only	
				Approval	Remarks
				<input type="checkbox"/> Approve <input type="checkbox"/> Reject	
				<input type="checkbox"/> Approve <input type="checkbox"/> Reject	
				<input type="checkbox"/> Approve <input type="checkbox"/> Reject	
				<input type="checkbox"/> Approve <input type="checkbox"/> Reject	
				<input type="checkbox"/> Approve <input type="checkbox"/> Reject	
				<input type="checkbox"/> Approve <input type="checkbox"/> Reject	

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

- This application form is for supplementary examination(s) for final examination of courses offered by FBA only.
- Applicants should submit this form and supporting documentation within the application period in the published notice.
- A fee will be charged for each supplementary examination taken. Please refer to 'Fees and Other Charges' in the current academic calendar. No action will be taken to update the student record if the payment is not settled.

Signature of Student: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

For FBA Office Use Only	
<u>Document Submitted</u>  <input type="checkbox"/> Written Request <input type="checkbox"/> Justification (Certificate / Proof)	Checked by: _____ Date: _____ (signature of Functional Head or Delegate)  Approved by: _____ Date: _____ (signature of Head of Academic Unit or Delegate)