# TUNG WAH COLLEGE
## Registry
### Application for Supplementary Examination

Ref. No.:
SX-____S___-_____

Please read the notes below before completing this form:
1. Please complete <u>Section A to C</u> of this form to apply for supplementary examination if you are absent from the examination because of <u>hospital confinement, illness, injury,</u> or <u>other personal emergencies</u>.
2. A <u>non-refundable</u> administration fee of <u>HK$400</u> will be charged for <u>each</u> examination.
3. The completed application form should be submitted to the Registry (8/F, King's Park Campus) <u>with supporting documents</u> such as medical certificate(s) **<u>within 7 working days</u>** after the date of the concerned examination. LATE application or application WITHOUT supporting documents will NOT be processed.
4. The application is subject to the recommendation of the School Board and <u>the approval of the Examinations Board</u>.
5. If the application is approved, the supplementary examination will be arranged within two weeks after (i) the student concerned has been released from the hospital or (ii) the release of academic results, whichever deemed appropriate.
6. The supplementary examination will be regarded as an assessment for the first time and the actual grade attained will be awarded.

## Section A: Student Particulars

Name*(Mr/Miss/Ms*)*: _____ ( _____ ) Student No.: _____

*English Name in BLOCK letters*     *Chinese Name*

Programme of Study: _____ (Major: _____ ) Phone No.: _____

***Delete as appropriate*

## Section B: Examination Details (Please <u>submit ONE form for EACH examination</u>)

| Course Code | Course Title | Course taken in (e.g. 2015/16 Sem 1) | Examination Date | Examination Time |
|---|---|---|---|---|
| | | | | |

## Section C: Reason of Absence

(*Please "✔" as appropriate*)

❑ Hospital confinement / Illness / Injury

   (original copy/verified true copy of medical certificate(s) is/are required)

   Medical certificate(s) (original copy/verified true copy) attached: ◯Yes ◯No

❑ Other personal emergencies, please specify: _____

_____

   (supporting document(s) and/or explanatory letter is/are required)

   Supporting document(s) and/or explanatory letter attached: ◯Yes ◯No

I, the undersigned, hereby declare that
1) All the information provided in this application is <u>complete and true</u> to the best of my knowledge;
2) I authorize the Registry to approach the relevant party for verification of the medical certificate/supporting document(s) submitted as well as the reason and information provided in this application; and
3) I understand that it is a serious offence to provide forged document(s), and disciplinary action will be taken by the College where necessary.

Signature of student: _____     Date: _____

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**For FO/REG use only (Form REG-15)**

Paid by Cash / Cheque / Bank-in / Octopus / EPS    Payment Ref: _____    Amount: $_____

FO Receipt No.: _____     Handled/Recorded by _____ on _____

## Section D: Decision

**Recommendation of the School Board** *(Please "✔" as appropriate)*

❑     Recommend to approve this application with comments: _____

_____

❑     NOT Recommend to approve this application with comments: _____

_____

Signature of School Board Chairman: _____

Name in BLOCK: _____

School: _____     Date: _____

**Decision of the Examinations Board** *(Please "✔" as appropriate)* **(For Registry ONLY)**

The application was considered by the Examinations Board at its _____ meeting held on _____

Decision: ❑APPROVE     ❑DISAPPROVE

Recorded by: _____ (Registry Staff)     Date: _____

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**For REG use only (Form REG-15)**

1. Receive application form and check the original copy of medical certificates/supporting documents

    by _____ on _____

2. Scan form and pass to Student Administration Team (Exam) by _____ on _____

3. Send application to School by _____ on _____

4. Receive recommendation from School by _____ on _____

5. Record EB decision by _____ on _____

6. (If approved) Change grade to "ABX" in PowerCAMPUS by _____ on _____

7. Notify student of result via e-mail by _____ on _____

8. (If approved) Notify course offering School of result by _____ on _____

9. (If approved) Schedule the Supplementary Examination by _____ on _____

       Supp. Exam Date: _____ Time: _____ Venue: _____

10. (If approved) Notify student of supp. exam schedule via e-mail by _____ on _____

11. Scan AND File by _____ on _____