

## Ref. No.:

## SX- S -

1. Please complete Section A to C of this form to apply for supplementary examination if you are absent from the examination because of hospital confinement, illness, injury, or other personal emergencies.
2. A non-refundable administration fee of HK\$400 will be charged for each examination.
3. The completed application form should be submitted to the Registry (20/F, Tower A, Mongkok Campus) with supporting documents such as medical certificate(s) **within 7 working days** 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 the approval of the Examinations Board.
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.

Name(*Mr/Miss/Ms*\*): \_\_\_\_\_ ( \_\_\_\_\_ ) Student No.: \_\_\_\_\_  
*English Name in BLOCK letters* *Chinese Name*

Programme of Study: \_\_\_\_\_ (Major: \_\_\_\_\_ ) Phone No.: \_\_\_\_\_

**Section B: Examination Details (Please submit ONE form for EACH examination)**

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

(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 complete and true 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: \_\_\_\_\_

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: \_\_\_\_\_

### 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 \_\_\_\_\_