

MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

APPLICATION FOR LEAVE



I. PARTICULARS OF STUDENT

Student Name _____ Student No. _____

Contact Phone No. _____ E-mail Address _____

II. INFORMATION OF APPLYING LEAVE

Leave Period: From ____/____/____ to ____/____/____ Reason _____

Absence courses:

Course Code	Course Title	Teacher	Period of classes applied for leave			
			From (dd/mm/yyyy)	From (hh:mm)	To (dd/mm/yyyy)	To (hh:mm)

Notes

1. Application for leave should follow the procedures as specified below
 - (1) < I II Obtain the application form from the Faculty or MUST website and complete Section I and II of this form.
 - (2) Submit the completed form together with proof of supporting documents to the Faculty prior to the leave.
 - (3) A student who is absent, owing to sickness or other unexpected circumstances, has to inform the Faculty immediately and submit leave application within two working days once returned to class from leave.
 - (4) () The medical certificate should be issued by one of the following medical institutions, certificates issued by other private doctors or hospitals (including mainland China) are not acceptable. (Recognized medical institutions include University Hospital Kiang Wu Hospital (Hospital Centre S. Januario Macau Health Centres.)
 - (5) The application will NOT be accepted by the Faculty if such application is overdue and/or supporting documents are not provided. The University will notify the student about the result by e-mail.
 2. 30%
 3. According to the Student Handbook, Attendance/Absence, a grade
- As a result, the student will NOT be permitted to attend the examination for that course and must retake it to obtain credits for that specific course. With regards to the Rules and Regulations for Attendance/Absence, please refer to the latest Student Handbook,

FOR OFFICE USE ONLY

A) Faculty Office

Checked by : _____ Date : _____

Supporting documents attached : Yes No Application has been recorded

B) Approved by the Dean of Faculty :

Approved Not Approved Comments : _____

Signature of Dean : _____ Date : _____

C) Faculty Office

Student is being notified of the result by e-mail.
Teacher is being notified of the result by e-mail.

Staff's Signature : _____ Date : _____