



MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

To be filled by staff:
Received by: _____
Date: _____

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 dd/mm/yyyy to dd/mm/yyyy Reason _____

Absence courses:

Table with 7 columns: Course Code, Course Title, Teacher, and a sub-table for Period of classes applied for leave (From/To dates and times).

Notes

- 1. Application for leave should follow the procedures as specified below
(1) 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.
(5) The application will NOT be accepted by the Faculty if such application is overdue and/or supporting documents are not provided.
2. The University will notify the student about the result by e-mail.
3. 30% "T"

According to the Student Handbook, Sections on "Rules and Regulations on Studies" about Attendance/Absence, a grade of "T" will be recorded if such absenteeism exceeds 30% of the total class hours (including absence with or without approval). 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, Sections on "Rules and Regulations on Studies".

4. final decision of the University.

_____ Date _____

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 : _____