THE UNIVERSITY OF HONG KONG
DEPARTMENT OF MECHANICAL ENGINEERING

Application for Special Treatment of Assessment due to Absence

This form is to be completed by MSc (Eng) students taking courses in the Mechanical Engineering Department who wish to apply for absence in scheduled assessment activities. The form should be submitted to the Department Office.

Part I : Personal Particulars

University No: __________________________ Name: __________________________ (English in BLOCK Letters)

Tel. No.: __________________________ Mobile No.: __________________________

Academic Year: ______ - ______ Course Year: ________ email address: __________________________

Programme: __________________________ Year admitted: ________

Part II : Details of the absence

(A) Date: __________________________ (dd/mm/yy)

(B) Course code and title: __________________________

(C) Activity (please tick wherever appropriate):
   i) mid-term test
   ii) presentation
   iii) others (please specify: __________________________ )

(D) Reason: [ ] Sick leave
           [ ] Urgent family matters
           [ ] Duty assigned by employer

The following documents are attached for consideration: (Please tick wherever appropriate)

[ ] Certificate signed by a registered medical practitioner
[ ] Other document (If any, please specify: __________________________ )

Part III : Declaration

I accept that the information provided will be used in matters relating to my application for absence in scheduled assessment activities. As part of this exercise, it may be necessary to disclose details to internal departments authorized to process the information.

For absence from assessment due to illness, tick one of the following.

___ The illness stated above has affected my preparation for the assessment.
___ I have made enough preparation for the assessment but could not attend it due to the illness stated above.

Signature: __________________________ Date: __________________________

FOR OFFICE USE ONLY

For the Department Office Use Only
The application is supported / not supported*. 

Remarks: __________________________

Associate Head’s Signature: __________________________ Date: __________________________