



**Student Name :** \_\_\_\_\_ **Student No.:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Contact No.:** \_\_\_\_\_

**Dates of Leave:** From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Total No. of Days:** \_\_\_\_\_  
dd mm yyyy dd mm yyyy

**Reason for Leave:** (Please ✓ the appropriate.)

- Sick Leave  Others (Please specify.)  
 Compassionate Leave \_\_\_\_\_  
 Representing Macau or UM in Activity \_\_\_\_\_

**Attachment:**

- Medical Certificate  Others

**Leave from the following Classes:**

Course Code	Section	Course Title	Agreement from Course Lecturer		
			Please ✓ the appropriate.		Lecturer's Signature
1.			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
2.			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
3.			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
4.			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
5.			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
6.			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
7.			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	

Remark:

- Please submit this completed form with course lecturer's signature and supporting document to FED General Office.
- Please refer to 'Attendance and Absence' of General Regulations Governing Master's Degree & Postgraduate Certificate / Diploma Programmes / Bachelor's Degree Programmes regarding the UM's rule on attendance and absence.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Office Use only**

- Approve / Endorse  
 Disapprove / Not Endorse

\_\_\_\_\_  
Signature of Programme Coordinator

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\* \_\_\_\_\_  
Signature of Dean

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\* Approval from Dean is required for 1) medical leave for more than 3 days OR 2) leave of non-medical reason for more than 2 consecutive days.