



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	
<input type="checkbox"/> Approve / Endorse <input type="checkbox"/> 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.	