



**STUDENT'S LEAVE APPLICATION FORM  
(FOR FBA UNDERGRADUATE STUDENTS)**

<b>Student Name</b>			
<b>Student No.</b>	<input type="text" value="B-"/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<b>Macao Phone No.:</b>	<input type="text"/>
<b>Leave Period</b>	<b>From:</b> ( DD / MM / YYYY )	<b>To:</b> ( DD / MM / YYYY )	<b>Total No. of Days:</b> <input type="text"/>

Reason for Leave (Please ✓ the appropriate):

1.  Sick Leave (Medical Proof must be attached)
2.  Compassionate Leave (Letter or Proof must be attached)
3.  Represent University of Macau / Macao SAR in Activity (Letter of Certification must be attached)

Other Reasons:

4.  Please specify and attach Supporting Document(s): \_\_\_\_\_

**Please Note:**

- For reason 3, the application should be made before the leave is taken, otherwise, it would **not** be approved.
- For other reasons not listed as 1 – 3, leave applications may not be approved if the reason is considered a personal reason.

**Application for leave from class(es) for the following course(s):**

FBA Course(s):		
No.	Course Code	Section
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Non-FBA Course(s):					
No.	Course Code	Section	Agreement by Instructor(s) (Please ✓ and sign)		
			Agree	Disagree	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					

- This form must be submitted to FBA General Office with supporting document(s) and agreement of instructor(s) for non-FBA course(s).
- The application with insufficient supporting document(s) will not be considered.
- By signing this application, you declare that all the information given and documents enclosed are accurate and give permission to the University of Macau to contact outside organizations in order to verify the supporting document(s).

Signature of Student: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

**For FBA Office Use Only**

**Approval by Dean of FBA or Delegates**

Approve       Disapprove

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Informed student on:**      /      /