



請假申請表
LEAVE APPLICATION

姓名 Name: _____ 證件/護照編號 I.D./Passport No.: _____

電話 Tel. No.: _____ 電郵 E-mail: _____

課程 Course: _____

請假原因* 疾病 Health Reason

Reason of Leave*: 公事 Work Reason

其他 Others _____

缺席日期

Justifiable Absence Date: _____ 至 to _____, 共缺席 total absent _____ 日 day(s)

附上之請假證明文件: 醫生證明 Medical Certification 其他 Others

Supporting Document: 公司證明書 Company Letter _____

* 須按原因遞交相關證明文件 Please submit appropriate supporting documents

本人聲明，此申請表及附件所載之一切資料，均屬真確。如有虛假，澳門大學持續進修中心可隨時取消本人之申請及終止本人就讀之課程，並聲明已知悉及明白《澳門大學持續進修中心收集個人資料聲明》：澳門大學為了提供申請人所要求的相關行政服務，要求申請人填寫此申請表並遞交至持續進修中心（以下簡稱“中心”）。所有在表內收集的個人資料，中心將只用作上述及教學用途。而這些個人資料亦可在澳門大學內部及其他依法律規定或獲閣下授權的實體之間傳遞，以進行相關程序處理。個人資料在網絡上流通可能缺乏安全保障，有被未經許可的第三人看到和使用的風險。如申請人未能填申請表上所須提供的有關身份認別及與教育活動相關的資料，其申請將不獲處理。如欲修改閣下存於大學的個人資料或申請相關學歷證明，閣下可向中心提出申請。

I declare that all information given in this application form and the attached documents are true and correct to the best of my knowledge. I understand that the Centre for Continuing Education of the University of Macau reserves the rights to disqualify my application and to annul my privilege to attend classes at any time if any information provided here is proved to be false and ingenuine. I declare I have acknowledged and understood the <Personal Data Collection Statement of the Centre for Continuing Education of the University of Macau>: The University of Macau, in accord to the purpose of providing the related administrative services requested by applicants, requires applicants to fill in this application form and submit to the Centre for Continuing Education (below named as “CCE”). The personal data collected in the form will only be used for the mentioned and teaching purposes and may also be transferred within the University and to entities that are in accordance with legal provision or with your prior consent, for the purpose of carrying out the related procedures. The transmission of personal information over the Internet may lack protection and security. There is a risk that your information may be accessed or used by an unauthorized third party. The application will not be proceeded if applicants fail to fill in any of the mandatory fields as required in the application form in accord to the personal-identification and education-related information. To make correction of your personal data held by the University or to apply for related testimonials, students can submit the request to CCE.

申請人簽署 Applicant's Signature

日期 Date

本中心專用 For Office Use Only		
學生編號 Student No.:	收件日期 Received On:	處理人 Processed By:
課程資料 Course Information:	課程名稱 Course Title: _____ 上課時間 Course Duration: _____ 總課時 Total Course Hours: _____	

審批 Approval	
<input type="checkbox"/> 批准 Approve	<input type="checkbox"/> 不批准 Disapprove 備註 Remarks: _____
建議書編號 Proposal No.:	審批日期 Approval Date:

申請結果通知 Result Notification	
通知日期 Notification Date:	處理人 Processed By:
通知方式 Notification Method:	<input type="checkbox"/> 電話 Telephone <input type="checkbox"/> 電話訊息 SMS <input type="checkbox"/> 電郵 (連附件) Email (With Attachment)