



澳門大學  
UNIVERSIDADE DE MACAU  
UNIVERSITY OF MACAU

**Institute of Collaborative Innovation**  
**Centre for Innovation**  
**Student's Leave Application Form**

Student Name: \_\_\_\_\_  
 Student Number: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Faculty: \_\_\_\_\_  
 Reason of Leave<sup>1</sup>: \_\_\_\_\_

Course Code	Class	Course Title	Leave Period (Class Meeting Date)	Agreement by Instructor	
				<input type="checkbox"/> Agree	
				<input type="checkbox"/> Disagree	
				<input type="checkbox"/> Agree	
				<input type="checkbox"/> Disagree	
				<input type="checkbox"/> Agree	
				<input type="checkbox"/> Disagree	

Please return this form<sup>2</sup> to the Centre for Innovation by email to: [calvinv@umac.mo](mailto:calvinv@umac.mo).

By submitting this application form, I declare that all the information given and documents enclosed if any are accurate and correct, and give permission to the University of Macau to contact outside organizations for any necessary verification.

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

\_\_\_\_\_  
Date

For ICI Office Use Only	
Approved by	Informed Student by
_____ Date:	_____ Date:

<sup>1</sup> Application of leave due to illness should enclose a certificate signed by a registered medical practitioner. For all type of applications, ICI reserved the right to require any supporting documents before considering the request.

<sup>2</sup> Application should normally be submitted in advance.