



THE UNIVERSITY OF HONG KONG
SCHOOL OF BIOMEDICAL ENGINEERING
Application for Checking of Assessment Results

IMPORTANT NOTES TO STUDENTS:

1. This form is to be completed by BEng(BME) students (admitted in 2025-26 and thereafter) who wish to apply for checking of assessment results.
2. In accordance with General Regulation G9(h), there shall be no appeal against the results of examinations and all other forms of assessment. However, should students have sufficient reasons to believe that there is any procedural irregularity or technical error in the determination of his/her assessment results, they shall submit an application for Checking of Assessment Results via email at sbme@hku.hk.
3. Students should submit (i) the completed application form and (ii) the proof of payment of the application fee (HK\$200 for each assessment result to be checked following the payment method described in document [111_511reamend](#)), **no later than one week** after the publication of the course's final assessment results. **Late applications will not be accepted.**
4. The School shall inform the student in writing of the outcome of the checking normally within three weeks after receipt of the application.

I. PERSONAL PARTICULARS

Name: _____ (_____) University No.: _____
English in BLOCK Letters Chinese, if applicable 10-digit University Number

Curriculum: _____ Year of Study: _____ Year Admitted: _____

Email Address: _____ @connect.hku.hk Tel No.: _____
(Hong Kong contact)

First Major: _____ Second Major/Minor: _____
if applicable

II. INFORMATION ABOUT THE COURSE AND ASSESSMENT RESULT

(A) Course Applied for Checking:

Course Code (e.g. ENGG1200)	Semester (e.g. I)	Credits (e.g. 6)	Course Title
-----------------------------	----------------------	---------------------	--------------

(B) Checking for: (Please tick ✓ as appropriate. Select **ONE item only** for each application.)

<input type="checkbox"/>	Overall Course Grade	Current Grade: _____
<input type="checkbox"/>	Examination Paper	
<input type="checkbox"/>	Coursework (e.g. Assignment, Quiz, Test), please specify:	_____

(C) Reason for Checking the Assessment Result with Justification

III. DECLARATION

I have attached the receipt of payment to the application.

I, hereby declare that the attached payment receipt is true, complete, and accurate. I acknowledge that providing any false or misleading information may result in the suspension of the application process, disciplinary action, or legal consequences.

Signature: _____ Date of Submission: _____

FOR OFFICE USE ONLY

APPROVAL by Course Instructor and Chief Examiner

Course Instructor _____ Approve Reject Date: _____

Chief Examiner _____ Approve Reject Date: _____

Remarks:

16 January 2026