



Important Notes

- Students who apply for deferment of study or withdrawal from study are required to complete the **Application Form for Deferment of Study / Withdrawal from Study (GRS/Form/003)** and **Check-out Form (GRS/Form/001)** and clear all outstanding items with the departments concerned.
- Discontinued and inactive students are required to make up the check-out procedures by completing the Check-out Form (GRS/Form/001) and clear all outstanding items with the departments concerned before applying for re-admission of study. However, they are not required to obtain approval from the Dean of the academic unit concerned for the check-out.
- Students who cannot complete this application in person may authorize a representative to complete it on his/her behalf by completing and signing the **Authorization Letter** on the back page of this application form. The authorized representative must submit this application form together with the **I.D. copies of both parties**.
- If students leave the University in the course of study without going through the check-out procedures, no official document (such as testimonial, transcript or graduation certificate) will be issued.
- All resuming and re-admitted students should pay their tuition fees according to the tuition schemes of the resuming/re-admitted year and are required to check the study plan with the general office of the academic unit concerned.
- Students may make changes to their enrolment records during the course add/drop period. Requests for adding or dropping courses other than the add/drop period will NOT be accepted. Students may withdraw from an individual course after the course add/drop period at least 5 working days before the final examination. A 'W' grade will be given to the withdrawn course and the tuition fee for the withdrawn course will not be refunded. Any application submitted after the aforementioned deadline will not be considered. A student who drops a course without going through the prescribed procedure will be given a grade of 'F' for that course.
- The fees for retaking any courses are calculated based on the number of credits of the retake course. For non-credit bearing course, the retake fees shall be one credit.

STUDENT INFORMATION

Name: _____ Student No.: ---

Academic Unit FAH FBA FED FHS FLL FSS FST IAPME ICMS ICI IME

Programme / Major: _____

Contact No.: _____ E-Mail: _____

I agree that the enrolled course(s) may be either dropped or withdrawn in this semester.

Applicant's Signature: _____ **Date:** _____ / _____ / _____

❖ I declare that the information provided in this application form is correct and I have acknowledged and understood the <Personal Data Collection Statement of the University of Macau / the Graduate School of the University of Macau>.

FOR ACADEMIC UNIT USE ONLY

Recipient of <u>UM-centralized</u> PhD funding: <input type="checkbox"/> No <input type="checkbox"/> Yes - UM Macao PhD Scholarship (*inform GRS immediately) <input type="checkbox"/> Yes - UM PhD Assistantship (*inform FO and GRS immediately)		Checked by: _____ Date: _____
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Remark: _____	_____ Signature of Dean of Academic Unit and Stamp	Date: _____

Receipt	Signature and Stamp of TRE
The student (Name) _____ (Student No. : <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>) has completed the check-out procedures on _____.	_____ Signature of TRE and Stamp Date: _____

For Office Use Only			
University Library (E2)	Signature and Stamp of LIB		
<input type="checkbox"/> Outstanding record(s) cleared	 <hr/> Signature of LIB and Stamp Date:		
Student Affairs Section (E31 – 2/F)	Signature and Stamp of SAO or RC		
<input type="checkbox"/> Move-out procedure completed <input type="checkbox"/> Non-PGH resident	RC: <input type="checkbox"/> CKPC <input type="checkbox"/> CKYC <input type="checkbox"/> CYTC <input type="checkbox"/> HFPJC <input type="checkbox"/> LCWC <input type="checkbox"/> MCMC <input type="checkbox"/> SHEAC <input type="checkbox"/> SPC SAO: <input type="checkbox"/> Postgraduate House (PGH)		
	 <hr/> Signature of SAO or RC and Stamp Date:		
Graduate School (N6 – G001)	Signature and Stamp of GRS		
<table border="0"> <tr> <td> Current Status: <input type="checkbox"/> R- Deferment of study <input type="checkbox"/> W- Withdrawal from study <input type="checkbox"/> N- Inactive Student (Administration fee for inactive student) <input type="checkbox"/> D- Discontinuation of study </td> <td> Stipend of UM-centralized PhD funding recipient: Installments issued in this semester: _____ Amount to be returned by student: _____ </td> </tr> </table>	Current Status: <input type="checkbox"/> R- Deferment of study <input type="checkbox"/> W- Withdrawal from study <input type="checkbox"/> N- Inactive Student (Administration fee for inactive student) <input type="checkbox"/> D- Discontinuation of study	Stipend of UM-centralized PhD funding recipient: Installments issued in this semester: _____ Amount to be returned by student: _____	 <hr/> Signature of GRS and Stamp Date:
Current Status: <input type="checkbox"/> R- Deferment of study <input type="checkbox"/> W- Withdrawal from study <input type="checkbox"/> N- Inactive Student (Administration fee for inactive student) <input type="checkbox"/> D- Discontinuation of study	Stipend of UM-centralized PhD funding recipient: Installments issued in this semester: _____ Amount to be returned by student: _____		
Treasury Section (N6 – 1/F)	Signature and Stamp of TRE		
<input type="checkbox"/> Outstanding record(s) cleared <input type="checkbox"/> For UM-centralized PhD funding recipient: Tuition fees settled by student: _____	 <hr/> Signature of TRE and Stamp Date:		

AUTHORIZATION LETTER

I (Name) _____ (I.D. No _____) hereby authorize (Name) _____ (I.D. No _____) to act on my behalf to complete the check-out procedures.

I declare that the information provided in this authorization letter is correct and I have acknowledged and understood the <Personal Data Collection Statement of the University of Macau / the Graduate School of the University of Macau>.

Signature: _____ Date: _____ / _____ / _____

Note: Please submit the authorization letter together with I.D. copies of both parties.