



Name: \_\_\_\_\_ Student No.: ---

Academic Unit  FAH  FBA  FED  FHS  FLL  FSS  FST  IAPME  ICMS

Programme / Major: \_\_\_\_\_ Contact No.: \_\_\_\_\_

I intend to extend the study until: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

Reason for applying for extension of study (If space is not enough, please use the other paper).

\_\_\_\_\_

\_\_\_\_\_

Scholarship / Assistantship Recipient: Yes / No (If yes, please choose)

UM Macao PhD Scholarship (MPDS)

Research Assistantships

UM PhD Assistantship

Teaching Assistantships

Please choose for appropriate item for extension:

A. Qualifying Examination

B. Thesis Proposal Assessment

Please submit this application form together with the following appropriate documents to the Graduate School :
① A brief qualifying examination or thesis assessment report; and
② A proposed plan of research for the extension period.
The above required documents should be endorsed by the thesis supervisor before submission.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR GRADUATE SCHOOL USE ONLY**

Registration Date \_\_\_\_\_ Official Deadline \_\_\_\_\_

Verified by: \_\_\_\_\_

Times of Application \_\_\_\_\_ time(s) Remark: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR ACADEMIC UNIT USE ONLY**

**Faculty GSC / Institute Pedagogic Committee**

**Dean / Director**

Recommended

Not Recommended

Chair's Signature: \_\_\_\_\_

Print Name in Full: \_\_\_\_\_

Date: \_\_\_\_\_

Agreed. The student is agreed for extension of study until the date as requested.

Agreed. The student is agreed for extension of study until  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

Disagreed.

Signature: \_\_\_\_\_

Print Name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR THE APPROVAL FROM THE VICE RECTOR (ACADEMIC AFFAIRS)**

Approved. The student is approved for extension of study until the date as requested.

Approved. The student is approved for extension of study until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

Disapproved.

Signature \_\_\_\_\_

Date \_\_\_\_\_