



APPLICATION FORM FOR SUSPENSION OF THESIS WRITING

Student Name: _____ Student No.: ---

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

Programme: _____ Major: _____

I would like to suspend the Thesis Writing in the **first / second semester of Academic Year** _____ / _____.

I acknowledge that this application should be submitted to the academic unit concerned **before the class commencement of that semester**. If the application for the suspension of thesis writing is approved, I have to enrol in at least one course for the semester. Suspension of thesis writing can only be applied for **one semester at one time**.

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>.

Student's signature: _____ Date: _____

FOR ACADEMIC UNIT USE ONLY

FOR MASTER STUDENTS

Supervisor: _____

Approve

Disapprove

Reason: _____

Signature of the Supervisor

Date: _____

FOR PhD STUDENTS

PhD Advisory Committee:

| | |
|-------------|-------|
| Supervisor: | _____ |
| Members: | _____ |
| | _____ |
| | _____ |
| | _____ |

Approve

Disapprove

Reason: _____

Signature of the PhD Advisory Committee

Date: _____

FOR GRADUATE SCHOOL USE ONLY

Received on: _____ Effective Semester: _____ Completed on: _____