



STUDENT INFORMATION

Student Name: _____ Student No.: ---
 Academic Unit: FAH FBA FED FHS FLL FSS FST IAPME ICMS ICI IME
 Programme: _____ Major: _____
 Contact No.: _____ E-mail: _____

	Current	Proposed
Supervisor:	Printed Name in full, Department (if any), Academic Unit	Printed Name in full, Department (if any), Academic Unit
Co-supervisor: (if any)	Printed Name in full, Department (if any), Academic Unit	Printed Name in full, Department (if any), Academic Unit
Reasons:		

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

Approved by the Faculty Graduate Studies Committee

Effective from Academic Year: _____ / _____ Semester: _____

Disapproved by the Faculty Graduate Studies Committee

Signature of the NEW supervisor / co-supervisor

Prof.
Date:

Signature of the CURRENT supervisor / co-supervisor
Justifications are required if no signature can be obtained. Please specify*: _____

Prof.
Date:

Signature of the Chair of the Faculty Graduate Studies Committee

Prof.
Date:

* Special circumstances may include the retirement or the resignation of the current supervisor.