



MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

APPLICATION FOR GRADUATE DEGREE

Name of Student _____

Student Number : _____

Program : _____

Specialization : _____

Application Date : _____

Issued by School of Graduate Studies

Instructions

1. Please fill in this form by hand using fountain pen/ball-point pen or print it out directly on A4 sheets. Do not paste. Write clearly and in detail. Attach additional pages if necessary.
2. Please make sure that required items for related program are being filled in.

Name		Gender		Photo
Date of Birth		Nationality		
Admission Date		Degree Pursued		
Faculty/School		Supervisor		
Education and Work Experience	Time of Duration	University or Employer		Degree Program or Position
Reward or disciplinary action received (Please state clearly the time, place and the reason for you to attain such an award)				

Thesis and other research achievements	Thesis Published or Evaluated	Thesis Title	Evaluation Comments and Publisher's Name	Publication Time
	Thesis not unpublished or evaluated	Thesis Title	In Progress	

Reading Report	Topic	Introduction to the Content	Time
Academic and/or practical activities	Time	Details	
Annual Paper	Topic	Introduction to the Content	Time

4. Are there any new viewpoints, content, approaches or findings presented in the thesis? What is the significance of this thesis? Are there any issues that need further exploration?

Applicant : _____ (Signatory)

Date: _____ (dd/mm/yyyy)

(Thesis attached)

Supervisor's Comments (including comments on the applicant's theoretical level, research ability, study attitude, foreign language level, academic work as well as the academic level of the thesis; whether the applicant has completed the thesis independently or with assistance, whether the applicant's thesis has reached the level for oral defense and for degree application).

☐ Agree to recommend for defense ☐ Not agree to recommend for defense

Supervisor : _____ (Signatory) Date: _____ (dd/mm/yyyy)

Comments from the Dean of the Faculty (including comments on the applicant's ethics, completion of the study plan, approval or disapproval for the oral defense and degree application)

Dean : _____ (Signatory) Date: _____ (dd/mm/yyyy)

Records of Thesis Defense				
Thesis Evaluators	Name	Title	Working Institutions	Remarks
Chairman and members of the defense committee	Name	Title	Working Institutions	Remarks
Brief account of the major questions raised and replied during the defense	<p>(Attach additional pages if necessary)</p>			

Secretary Name: _____ Signature: _____ Date: _____