



STUDENT INFORMATION

Name: _____ Student No.: □-□□-□□□□-□□
 Academic Unit: FAH FBA FED FHS FLL FSS FST IAPME ICMS
 Contact No.: _____ E-Mail: _____

I am applying for conducting my report presentation or thesis oral defence on line due to the following reason(s):

I am prohibited from entry to Macau in accordance with the border entry measures of Macau S.A.R. government.

Please specify: _____

Please specify the urgency and significance for online report presentation or online oral defence.

I agree and declare the following:

- I guarantee the availability of appropriate video and I.T. equipment for online report presentation or online oral defence.
- I am aware and agree that I have to be alone in a room and to show my face, shoulders, arms and hands (upper body) while the presentation or oral defence is in progress.
- I am aware and agree that the university will record the entire process of the online report presentation or online oral defence.
- I will not make video recording of the online report presentation or online oral defence.

Student Signature: _____ Date: _____

FOR ACADEMIC UNIT USE ONLY

Master's Student

Confirmation on student's eligibility for conducting oral defence

Supervisor	
Printed Name in full	Signature

PhD Student

Confirmation on student's eligibility for conducting oral defence

PhD Advisory Committee	
Printed Name in full	Signature

Examination Committee Members

Printed Name in full	Signature	Agree/Disagree	
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

Academic Council of Academic Unit: Endorsed Not Endorsed

Chair of Academic Council: _____ Signature: _____
 (Printed Name in full)