

Name of Supervisor:
Name of Student: Master's Student DhD Student
Student No.: \square - \square \square \square \square \square
Academic Unit: DFAH DFBA DFED DFHS DFLL DFSS DFST DIAPME DICMS
Date of Oral Defence:
I am applying for participating in the online report presentation or online thesis oral defence of the above-mentioned student 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 the above-mentioned student to conduct the report presentation or oral defence.
I agree and declare the following: I guarantee the availability of appropriate video and I.T. equipment for the online report presentation or online oral defence. I am aware and agree that I have to be alone in a room throughout the course of the presentation or oral defence. 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. Signature of Supervisor : Date : Mathematical Determine Signature of Supervisor : Date :
Dean / Director of Academic Unit :
Dean / Director of Academic Unit :
Signature of Dean / Director of Academic Unit :