		To be filled by SGS staff: Received by: Date:
Student Name ———	Student No	
Program ———	ID/EEP/Passport No.	
Correspondence Address —		Postal Code
Contact Phone No	E-mail Address	
Reason for Reinst	itement:	
Reinstatement after Deferred	Reinstatement after Required to Defer	
()
Reinstatement after Termination of	f student status (Permission from the Faculty is required and applicati	on will only be accepted within the specified period).
Intended resuming semester -	Academic Year	Semester
2. study plan and tuition fee stip	ulated by the Macau University of Science and Technology upo	I hereby declare acceptance of the class sessions on approval of reinstatement.
mentioned in the Deferral No refundable nor transferable.		t be submitted to the School of Graduate Studies before the date resuming study will be terminated and all fees paid are neither
1	Completed and signed APPLICATION	ON FORM
/	Photocopy of identity card or Passport For health problems, please	submit medical reports at the time of application
to this application and then for consent. If payment of outstar	llowed by payment of outstanding fees. The University also	Should a student's registration be tus from the related faculty must first be sought and be attached reserves the right of not accepting this form without Faculty's fee paid will not be refunded and transferred. Application will
	Completed and signed APPLICATION	ON FORM
/ (residents, MOP/HKD 3,00		3,000) Administration fee (MOP/HKD 2,000 for Macae

In the event of any discrepancies between the Chinese and English versions of this form, the Chinese version will prevail.

All application documents received Excel Application has been recorded in Excel and COES	Authorized Signature
Macao residents / 2,000 Received MOP/HKD 2,000 Administration fee Non-local residents / 3,000 Received MOP/HKD 3,000 Administration fee / / 3,000 Received MOP/HKD 3,000 Administration fee / / / Bank Check/Cashier Order/Bank Pay-in-slip No	Authorized Signature Date
Study arrangement for the resuming semester Within normal study period Courses completed, will start the thesis writing () Other arrangment Study plan attached ()	Staff's Signature Date Dean's Signature
Approved Not approved Reason:	 Date
Approved Not approved Reason:	SGS Dean's Signature
Reset student's expiry date for borrowing services Comments	Authorized Signature
Debit Note to be issued No issue of Debit Note Comment:	Authorized Signature
Effective Date Effective Resuming Semester	Authorized Signature
Student status updated Reset study plan	Authorized Signature
COESStudent study status has been changed and activity log inputtedExcelApproval record has been marked in related Excel tableStudent being notified the result in writing Cc to Accounts Office	Authorized Signature