



Name: _____ Student No.: ---

Academic Unit: FAH FBA FED FHS FLL FSS FST

Major/Specialization: _____

Academic year/semester applied for resumption/re-admission of study: _____

Email: _____

❖ I declare that the information provided in this application form is correct and I have acknowledged and understood the following <Personal Data Collection Statement of the Registry of the University of Macau> stated below:

The University of Macau, in accord to the purpose of providing the related administrative services requested by applicants, requires applicants to fill in this application form and submit to the Registry. The personal data collected in the form will only be used for the mentioned purpose and may also be transferred within the University and to entities that are in accordance with legal provision or with your prior consent, for the purpose of carrying out the related procedures. The transmission of personal information over the Internet may lack protection and security. There is a risk that your information may be accessed or used by an unauthorized third party.

The application will not be proceeded if applicants fail to fill in any of the mandatory fields as required in the application form in accord to the personal-identification and education-related information.

To make correction of your personal data held by the University or to apply for related testimonials, undergraduate students can submit the request to the Registry while postgraduate students should contact the Graduate School.

STATEMENT FOR COLLECTING PERSONAL CONTACT INFORMATION

(For individuals applying for UM services that are covered by the "Public Services and Organizational Performance Review System" and for which user satisfaction surveys will be conducted)

The Macao SAR government is implementing the "Public Services and Organizational Performance Review System" to monitor the quality of services provided by public entities. For this purpose, the University of Macau (UM) hereby seeks your consent to the collection of your personal data for a user satisfaction survey to be conducted in the future for continuous improvement of our service quality.

1. In order to provide the requested service, the application form as you have completed will be submitted to the Registry. The personal data collected therein will only be used for purposes related to your application and your contact information may also be transferred within UM and to entities required by law or with your prior consent, for the purpose of carrying out the related procedures.
2. For improvement of its service quality, UM periodically conducts user satisfaction surveys and your personal contact information may be used for this purpose. The data may be transferred to individuals/institutions in or outside Macao only where the processing of your case requires our contact with those individuals or institutions as well as transmission of your data to them.
3. UM observes the principles regarding personal data protection, ensuring the confidentiality and integrity of the personal data collected.
4. In accordance with the *Personal Data Protection Law*, UM may process your data by automatic or non-automatic means, including comparing your data with those kept by other competent authorities for verification.
5. You have the right to request access to, rectification or update of the personal data conserved in UM in accordance with the *Personal Data Protection Law*.

I have read and understood the above and hereby unambiguously consent to the processing of the data concerned by the University of Macau.

I have read and understood the above but do not consent to the processing of the data concerned by the University of Macau.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Student Information

Current Status: N – Inactive R – Deferment of Study W – Withdrawal from Study

Cumulative Credits Earned: _____

Year of Study upon Resumption/Re-admission of Study: Year 1 Year 2 Year 3 Year 4 Year 5

Honours Programme (if applicable) : _____

Minor Programme 1 (if applicable): _____

Minor Programme 2 (if applicable): _____

For Academic Units' Approval

Major Programme		Remarks	Signature of Head of Academic Unit and Stamp
<input type="checkbox"/> Approve - The student should follow the study plan of academic year: _____ / _____. <input type="checkbox"/> Disapprove		_____ _____ _____	Date: ____/____/____
Honours Programme		Remarks	Signature of Head of Honours College and Stamp
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		_____ _____ _____	Date: ____/____/____
Minor Programme		Remarks	Signature of Head of Academic Unit and Stamp
1. _____ _____ _____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	_____ _____ _____	Date: ____/____/____
2. _____ _____ _____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	_____ _____ _____	Date: ____/____/____