



MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

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STUDENT CLEARANCE (WITHDRAWAL) FORM

To be filled by SGS staff:

Received by: _____

Date: _____

Status: _____

(: _____ Note: This form is only applicable for postgraduate students)

I. PARTICULARS OF STUDENT

Student Name _____ Student No. _____

Program _____ ID/EEP/Passport No. _____

Correspondence Address _____ Postal Code _____

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Permanent Address _____ Postal Code _____

The University will send notification to this address, please make sure the provided address is accurate.

Contact Phone No. _____ E-mail Address _____

Dormitory _____ Dormitory (Room No. _____) Dormitory Room Clearance Confirmation must be attached Non-Dormitory _____

II. INFORMATION OF WITHDRAWAL

Reason for withdrawal (Please select one of the followings)

Financial difficulty Heavy workload Admission to another university Health reason (Please provide supporting document)

Emigration (Please provide supporting document) Others (Please specify the reason _____)

III. INFORMATION FOR REFUND

I fully understand the Terms of Withdrawal and Refund stated in the Student Handbook, and accept the University's decision about refund.

If there is refund, I would like to get it by:

Cheque pick-up

Autopay * Local students: _____ \$10 Should provide information of a MOP bank account of any bank in Macau; and for Tai Fung bank account, an extra MOP\$10 will be charged;

Non-local students: _____ Should provide information of a HKD bank account of Bank of China Macau Branch or The Industrial and Commercial Bank of China Macau Branch.

Tele-transfer * : _____ Should provide information of a bank account which can accept HK Dollar inward remittance outside China of the Bank of China or The Industrial and Commercial Bank of China.

* _____ Students who choose autopay or tele-transfer, please fill in bank account details as follows: Bank Name _____ Account Name _____ () Account NO. _____ Account Currency (Required for autopay) HKD MOP Bank Address (Required for T/T) _____ Province _____ City _____ Road _____ Branch _____ sub-branch Beneficiary's Address (Required for T/T) _____ Contact Phone No.: _____

Notes

- 1. For collection on behalf, student's written authorization and I.D. copies of both the student and his/her representative should be provided.
2. For the student who chooses tele-transfer or autopay, please provide a clear bank book copy with bank account information attached to the application form.
3. A handling charge of MOP/HKD100 would be deducted from the refund without notice if you choose to refund by tele-transfer.
4. Any bank charges should be borne by student (the minimum charge on outward remittance fee is MOP/HKD100), and would be deducted from the caution fee without any notice.
5. Student must provide accurate information of bank account. Furthermore, the student should be responsible for any problem, loss or charge caused by any incorrect or insufficient information provided.

Student's Signature _____ Date _____

APPLICATION PROCEDURES AND REQUIRED DOCUMENTS

(1) **Student who wishes to apply for withdrawal should submit a written application to the School of Graduate Studies Service Counter. Related administrative procedures will not begin until all application documents have been submitted.**

(2) **Required documents for withdrawal application include*:**

() Completed and signed *STUDENT CLEARANCE (WITHDRAWAL) FORM*

Photocopy of identification document

D Photocopy of EEP (applicable for mainland students)

Photocopy of Passport (applicable for students from Taiwan and other international regions)

/ Photocopy of the bank account for refund (applicable for autopay or T/T)

_____/ Signed [Authorization Letter](#) and

photocopy of both parties' identification document (applicable for those authorize other person to apply and/or receive refund)

Other supporting document(s)

(* Applicants will be required to submit any other supporting documents if necessary)

(3) **Students must complete all the following procedures before applying withdrawal:**

Clear all outstanding matters with your faculty.

/ / Clear/settle all outstanding loans/fines with the Library.

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APPROVAL FROM RELATED DEPARTMENTS

Student Name: _____ Student NO.: _____ Application Date: _____

A)	FINANCE OFFICE SERVICE COUNTER	Authorized Signature _____
	Received and checked the student's bank account information	Date _____

B)	SCHOOL OF GRADUATE STUDIES	Authorized Signature _____
	Student Status: _____ Scholarships _____	
	All application documents received	
COES	Confirmed student's personal information in COES	
Excel COES	Application has been recorded in Excel and COES	