



MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

APPLICATION FOR ACADEMIC APPEAL

To be filled by staff:

Received by: _____

Date: _____

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

I. PARTICULARS OF STUDENT

Student Name _____ Student No. _____

Program _____ Major Name _____

Contact Phone No. _____ E-mail Address _____

II. INFORMATION OF APPEALED COURSES

Course Code	
Course Title	
Course Teacher	
Class	
Examination Date	
Originally Grade	
Reason for Appeal	

III. NOTES

1. _____ / 500 An application fee of MOP/HKD500.00 will be applied for each course.
2. _____ /

Students who want to file an appeal against the results must submit their applications within 10 working days after the results are announced. A duly completed "Application for Academic Appeal Form" together with an application fee has to be submitted to the respective Faculty/Institute. Late applications will not be handled. The University may make announcements for any special arrangements. It normally takes around 20 working days for the processing of the appeal starting from the submission date of all the documents mentioned above. The specific time for the processing of the appeal might depend on the actual situation. For details, please contact the respective Faculty/Institute when submitting the appeal.

3. _____ The application fee is refundable when changes are made to the grades after an appeal.
4. _____ With regard to the Regulations for Academic Appeal, please refer to the sections on "Assessment" in the latest Student Handbook.
5. _____ The University reserves all rights and privileges in amending and explaining the above regulations.

6. _____ I declare that the information provided in this application form is true and correct; I have also acknowledged and understood the "[Macau University of Science and Technology Personal Data Collection Statement](#)".

Student's Signature  _____ Date _____

FOR OFFICE USE ONLY

A) THE FINANCE OFFICE

Application fee has been settled MOP / HKD _____ Payment Method _____

Authorized Signature _____ Date _____

B) / FACULTY/INSTITUTE

Result of Re-assessment (_____ To be filled by the course teacher)

Unsuccessful Appeal

Successful Appeal: Grade originally given _____ Grade after reassessment _____
(* Please attach a *FORM FOR ALTERATION OF FINAL MARK* with successful appeal.)

Signature of the teacher _____ Date _____

Signature of the Dean/representative _____ Date _____

C) ITDO (_____ Applicable for successful appeal only)

Grade updated

Authorized Signature _____ Date _____

D) SCHOOL OF GRADUATE STUDIES

Successful appeal COES COES result checked
Notification issued
Email and copied to the Finance Office for refund

Unsuccessful appeal Notification issued
Copied to the Finance Office for record

Authorized Signature _____ Date _____

Checked By _____ Date _____

E) FACULTY OFFICE

Student is notified in writing of the result of academic appeal

Authorized Signature _____ Date _____