



畢業實習與設計 論文/報告(答辯)申請表

Application for Approval of Oral Examination Arrangements

- 申請資格: 1. 學生必須完成課程規定之八成應修科目並取得合格。
2. 學生必須符合中國教育部留學服務中心有關逗留澳門時間的要求。(只適用於內地學生)
*若學生逗留澳門天數不足或其他條件未能符合中國教育部留學服務中心的有關留學認證的相關規定，學生於澳門城市大學取得的學位將不獲中國教育部留學服務中心認證。

- Requirements: 1. Candidates should take and pass 80% of the major compulsory courses in their programmes.
2. Candidates should fulfill the minimum number of days stayed in Macau for study requirements in accordance with the rules of the Chinese Service Center for Scholarly Exchange (CSCSE) under Ministry of Education (MOE) of the People's Republic of China. **(For Mainland Chinese Students only)**
*If candidate does not fulfill the minimum number of days stayed in Macau for study requirements or does not comply with the rules of education verification for study abroad requirements at the CSCSE under MOE of the People's Republic of China, candidate whose degree awarded by the City University of Macau will not be verified by the CSCSE.

請於填寫本表格前細閱之「申請須知」。Please read "Notes for Application" before completing this form.

指導導師姓名: Name of Supervisor	職稱 Title	姓氏 Surname	名字 Other names

畢業設計論文/報告
題目: _____
Final Thesis/Report _____

I. 學生資料 STUDENT INFORMATION (由學生填寫 To be completed by the candidate) A

(請於適當空格內加上✓號 Please "✓" as appropriate)

學生姓名: _____ Name of Candidate	學號: _____ Student Number	
學院: _____ Faculty	修讀模式: _____ Mode of Study	<input type="checkbox"/> 全日制 Full-time/ <input type="checkbox"/> 兼讀制 Part-time
課程名稱: _____ Programme Title	學位: _____ Degree	本科 Bachelor
聯絡電話(手機): _____ Contact Phone No	電郵地址: _____ E-mail Address	
學位認證-在澳已逗留天數 [內地學生適用]: _____ 天 Number of days stayed in Macau [For Mainland Chinese Students Only] _____ days	申請類別: _____ Type of Application	<input type="checkbox"/> 首次申請 First Application/ <input type="checkbox"/> 二次申請 Re-application

(正常)修畢課程日期: _____ (年/月/日) (學生證內顯示之有效日期)
(Normal) Study Period End Date _____ (yyyy/mm/dd) (The expiry date of your Student Card)

延期修業日期(如有): 由 _____ 至 _____ (年/月/日)
Extension Study Period (if applicable) From _____ to _____ (yyyy/mm/dd)

1. _____
- 合作組員 Group Member
(如有 if have)
2. _____
3. _____

II. 學生聲明 DECLARATION (由學生填寫 To be completed by the candidate)

學生/團隊在此聲明

1. 學生/團隊已符合所修讀學位課程的規定，完成應修科目並取得合格。
2. 學生/團隊已了解及同意遵守中國教育部留學中心有關留學認證的相關規定。(只適用於內地學生)
3. 學生/團隊亦已清楚了解學院之論文/報告查重之相關規定。所提交之學位論文中佔有_____%(查重率)為引用其他文獻中的內容，除已清楚列明來源的資料外，提交的論文為學生/團隊撰寫。(請註明查重數據庫名稱:_____)。
4. 本次答辯申請核准後，學生/團隊將於答辯日期前 5 天把裝訂完整之 2 份論文/報告，連同查重報告一併提交至所屬學院。
5. 學生/團隊明白答辯申請核准後，如未能如期出席答辯，必須於答辯日前 5 天以書面形式(電郵形式或信函)向所屬學院提出撤銷該次答辯申請，否則逾期撤銷或答辯日無故缺席則按論文答辯成績不及格處理。
6. 答辯完成後，本人須於答辯日後 60 天內提交最後訂稿之論文 1 份連同「論文原創聲明」及「通過表至所屬學院，及一份完整論文電子檔(PDF 文檔) 給 fdsba@cityu.mo

I hereby declare that

1. Student/ Group passed all major compulsory courses and have fulfilled all the coursework requirements for my degree programme.
2. Student/ Group have understood and agreed to comply with the rules of education verification for study abroad requirements at the CSCSE under MOE of the People's Republic of China. (For Mainland Chinese Students only)
3. Student/ Group also have clearly understood the relevant regulations of the faculty for "Regulation Governing Thesis Plagiarism Detection_____ % (A plagiarism percentage) of the research work in my thesis is citing sources reference. The thesis here submitted is original except for source material explicitly acknowledged (Name of Resources: _____).
4. After this application has been approved, Student/ Group should submit 2 hardcopies of my thesis/reports for examination together with a plagiarism report to the respective Faculty, at least 10 days before the oral examination.
5. Student/ Group understood that if Student/ Group am unable to attend the oral examination on the designated date after this application approved, I have to submit a cancellation request in writing (letter or email) to the respective Faculty at least 5 days before the oral examination. Late request or absent without notification will be caused to fail in the oral examination.
6. After passing an oral examination, I should submit 1 hardcopy of final version of thesis together with two completed forms "Thesis Declaration Statement and "Confirmation Form by Examiners to the respective Faculty and an electronic copy of final version of thesis to be sent to fdsba@cityu.mo within 60 days from date of the oral examination.

學生簽署 : _____
Signature of Candidate

申請日期 : _____
Date of Application

III. 論文指導教授的推薦 Recommendation by the Supervisor (由指導教授填寫 To be completed by Supervisor)

- 上述學生/團隊所提交之論文已達到畢業實習與設計論文/報告答辯要求，故本人推薦上述學生部份 I 及 II 之答辯申請。

The above candidates submitted thesis is confirmed to be of the required academic standard. I recommend the above candidates' request for oral examination arrangements as stated in Part I and II.

- 上述學生/團隊所提交之論文未能達到學位論文答辯要求，故本人不推薦上述學生/團隊答辯。

The above candidates submitted thesis is not confirmed to be of the required academic standard. I do not recommend the above candidates' request for oral examination arrangements.

其他意見(如有): _____
Comments (if any)

指導教授簽署 : _____
Signature of Supervisor

評核日期 : _____
Date of Examination

IV. (由學院填寫 For Faculty Use Only)

應修科目成績已達八成合格 Passed all major courses : 是 Yes / 否 No, 備註

Remarks: _____

已申請延期修業(如有) Applied for extension (if applicable) : 是 Yes / 否 No

預計答辯日期 Proposed date of oral examination : _____

職員確認 Handled by _____ 日期 Date _____

答辯申請: Application for oral examination: 批准 Approved / 不批准 Not approved ,

其他意見(如有) Comments (if any): _____

課程主任/院長簽署:

Signature of Dean of Faculty/ _____

Programme Coordinator

日期:

Date _____

申請「學位論文答辯」須知

收集個人資料聲明：閣下在本表格內所提供的個人資料僅作本校職員處理此申請之用。

Notes for Application for Approval of Oral Examination Arrangements

Statement of Personal Data Collection: The personal data provided in this form will be used by the University for the purpose of processing this application.