



FOR OFFICE USE ONLY

Date of application received:

_____ (dd/mm/yyyy)

Ref.: HSFAP/_____/2024

**THESIS SUBMISSION FORM
FOR
HENRIQUE DE SENNA FERNANDES ACADEMIC PRIZE
FOR THE BEST PORTUGUESE THESIS
(Academic Year 2023/2024)**

Eligibility:

Postgraduate students (including Master and PhD) in the Department of Portuguese of Faculty of Arts and Humanities (FAH-DPT) and the Faculty of Law (FLL), whose graduate thesis is written in Portuguese language and completion of oral defense within Academic Year 2023/2024 is required.

How to submit your thesis:

*Please submit the scanned copy of the duly completed form and an electronic copy of the graduation thesis to gao.enquiry@um.edu.mo, with the e-mail titled "Submission of Thesis for Henrique de Senna Fernandes Academic Prize" at or before **23:59, 31 July 2024**. Late or incomplete submission will not be considered.*

Personal Data Collection Statement

- The University of Macau being a public institution of higher education as set in Law No. 1/ 2006, will process the personal data collected on this form for activity organization, service providing and contact purposes.
- Due to the needs of the activity or service, the personal data on this form may be transferred to other organizations in or outside Macao.
- The applicants have the right to access, rectify or update their personal data stored at UM (if collected online).
- The personal data circulated on the network may be at risk of being used by unauthorized third parties.

Part I: Information of the Applicant and Thesis

*(The section is required to be **typed**; not handwritten)*

Name of Student:	
Student Number:	
Study Level (Master/PhD.):	
Faculty:	
Department (if applicable):	
Contact E-mail:	
Mobile Number:	
Title of the Thesis (in Portuguese):	
Name of Supervisor:	
Date of Oral Defense:	

Abstract or Summary of the thesis (in Portuguese)

Part II: Declaration and Signature of the Applicant

*(The section is required to be **handwritten**; not typed)*

I, the undersigned, hereby declare that this application form was completed by me or a legal representative authorized to submit this form. The information provided in this form is true, based on my personal records, experience, and recollection. If the information described above is inaccurate, false, or misleading, my submission will not be considered.

Signature: _____ **Date:** _____