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TO : SCHOOL OF GRADUATE STUDIES, MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

Authorization Letter



()
(For Graduation Certificate Collection)

()
I, (Name) _____ Identification document No. _____

Student No. _____ hereby authorize (Name) _____

Identification document No. _____ to collect the graduation certificate

Student's Signature: _____

Date: _____

: —
TO : SCHOOL OF GRADUATE STUDIES, MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

Authorization Letter

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(For Testimoia. Jl p0-2(lic1(ta. Jm)15(4. J 0 Tc 0 Tw 1.87 0ho)6 ()Tj).)

_____ Identification document No. _____

Student No. _____ hereby authorize (Name) _____

Identification document No. _____ To apply for / collect