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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

Notes

1. _____ ;
Student must sign on this Authorization Letter in order to be valid.
2. Please submit the form together with I.D. card copies of both parties.

Student's Signature: _____

Date: _____

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

Authorization Letter

()
(For Testimonial Application)

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

Student No. _____ ()
hereby authorize (Name) _____

Identification document No. _____ To apply for / collect

the following testimonial: _____

Note

1. _____ ;
Student must sign on this Authorization Letter in order to be valid.
2. Please submit the form together with I.D. card copies of both parties.

Student's Signature: _____

Date: _____