

澳門科技大學

MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

RECOMMENDATION FORM FOR POSTGRADUATE APPLICANTS (CONFIDENTIAL)

SECTION 1	To be completed by the applicant
	<p>申請人姓名 (中文) _____ (英文) _____ Name of Applicant : (in Chinese) _____ (in English) _____ 身份證號碼 I.D. Card No. : _____ 電郵 _____ 電話 _____ E-mail : _____ Telephone : _____ 報讀課程 Proposed program of study : _____</p>
SECTION 2	To be completed by the recommender

請問你認識申請人多久及如何認識？

根據你對申請人的認識，你會否推薦他/她入讀上述之研究生課程？

Based on your knowledge of the applicant, would you recommend him/her for admission to the above mentioned postgraduate program of study?

會，因為 Yes, because _____

否，因為 No, because _____

其他 Others _____

Personal Details of Recommender

推薦人姓名

Name of Recommender _____

職位

Position _____

工作機構

Company / Organization at work _____

通訊地址

Address _____

聯絡電話

Telephone _____

傳真號碼

Fax Number _____

電郵

E-mail _____

簽名

Signature _____

日期

Date _____

多謝你的寶貴時間填寫此份表格。

Thank you for your time in completing this form.

填妥後請交回下列地址：

澳門科技大學研究生處

澳門氹仔偉龍馬路

澳門科技大學N座圖書館大樓N412室

電話：(853) 88972262 傳真：(853) 28827666

電郵：sgsad@must.edu.mo

網址：<http://www.must.edu.mo/>

Please return the completed form to:

Graduate Studies Office

Room N412, 4th Floor, Library Building,

Macau University of Science and Technology,

Avenida Wai Long, Taipa, Macau

Telephone: (853) 88972262 Fax: (853) 28827666

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