

MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

APPLICATION FOR PRIORITY ADMISSION

I.	PARTICULARS OF APPLICAN	T	
Applicant s Name –		ID Card No. —	
Studying Institute —		- Study major ————	
Contact Phone No		E-mail Address—	
II.	APPLICATION INFORMAT	TION OF PRIORITY AL	OMISSION
Apply Program ——		Apply Major ————	
Any supporting infor	rmation		
(Attac	chment is accepted)		
Apply For	pply For Master degree program		
	() Direct entry to doctor	al degree program
I declare that the i <u>Personal Data</u>	nformation provided in this application of Academic Research	on form is true and correc	t; I have also acknowledged and understood y of Science and Technology
Applicant s Signatu	re	Date	
	RECOMMENDED BY STUDYING INS	STITUTE	
			Authorized signature —————
			Date
		:	Authorized contact no
	%		Contact email ————————————————————————————————————
О	ther comment:		
			Authorized Stamp