



APPLICATION FOR TRANSFER OF FACULTY

Please read the notes before completing this form.

Please use capital letters

I. PARTICULARS OF STUDENT

Student No.

Name in Chinese (as printed on ID) _____

- -

Name in English (as printed on ID) _____ Contact No. _____

Correspondence Address _____

Postal Code _____ E-mail Address _____

I wish to apply for change of Faculty

From School of Continuing Studies Bachelor of Business Administration Bachelor of International Tourism Management

To _____ Faculty _____ Program

Reason for the Change

Personal Declaration

1.

I fully understand the above mentioned transfer may lead to extension of my study period and extra costs at MUST and will accept arrangements of the University about the study plan, courses to be taken and those already taken, as well as the prevailing fee policy.

2.

I declare that the information provided in this application form is true and correct; I have also acknowledged and understood the Personal Data Collection Statement of Macau University of Science and Technology.

Student's Signature _____

Application Date _____

- (i) _____
(ii) _____ / 2,000 _____ /
(iii) _____ /
(iv) _____ /

Notes

1. A student who wishes to apply for transfer of f

II. FOR OFFICE USE

<p>A) COUNTER</p> <p>Application Fee: MOP/HKD 2,000 / / _____</p> <p>Enclosed a _____ Bank Check/Cashier Order No./Cash _____</p> <p>Receipt No. _____</p>	<p>Authorized Signature _____</p> <p>Date _____</p>
<p>B) SCHOOL OF CONTINUING STUDIES</p> <p>COES Application recorded in COES system</p>	<p>Received by _____</p> <p>Date _____</p>
<p>C) SCHOOL OF CONTINUING STUDIES</p>	

Comments : _____

Signature : _____