

## 澳門科技大學

## MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

## 研究生推薦表(保密)

## RECOMMENDATION FORM FOR POSTGRADUATE APPLICANTS (CONFIDENTIAL)

第一部分 SECTION 1	(由申請人塡寫 To be completed by the applicant)					
身份證號碼	(中文) (英文) (in Chinese) (in English)					
電郵 E-mail:			電話 Teleph			
報讀課程 Proposed program of study:						
第二部分 SECTION 2	(由	推薦人塡寫	Γο be comp	leted by the re	ecommender)	
How long and in what capacity have you known the applicant?						
Please rate the applicant's abilities in the following characteristics in comparison with other students you have taught or other employees you have worked with or supervised:						
		優 良 Excellent	良 好 Good	滿 意 Satisfactory	普通或以下 Average or below	無從判斷 No basis for Judgment
智能 Intellectual abi	lity					
對擬攻讀學科之知識 Knowledge in subject	程度 ct of proposed study					
中文程度 Knowledge of Chinese						
英文程度 Knowledge of English						
創作力 Creativity						
毅力 Perseverance						
判斷力 Judgment						
分析及推論能力 Analytical and reaso	oning ability					

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 recomm	mend him/her for admission to the above mentioned					
postgraduate program of study?						
□ 會,因爲 Yes, because						
□ 否,因爲 No, because						
<del></del>						
□ 其他 Others						
<del></del>						
推薦人個人資料 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	Fax Number					
電郵						
E-mail						
簽名	日期					
Signature	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:<u>sgsad@must.edu.mo</u> 網址:<u>http://www.must.edu.mo/</u> Please return the completed form to:

Graduate Studies Office

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Avenida Wai Long, Taipa, Macau

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