## IMPORTANT：PLEASE SEE NOTE OVERLEAF．

| FOR TREASURY SECTION USE ONLY |  |  |
| :---: | :---: | :---: |
| Fees Outstanding | $\square$ Yes＊ | Received \＄ |
|  | $\square$ No | Signed by： |

Name： $\qquad$ Student No．：$\square-\square \square-\square \square \square \square-\square$


Contact No．： $\qquad$ E－mail：
No．of copies applied： $\qquad$
Language Preference：
Additional Information：
$\square$ Chinese $\quad \square$ Portuguese $\quad \square$ English
$\square \quad$ Expected Date of Completion

Purpose：
＊I declare that the information provided in this application form is correct and I have acknowledged and understood the following ＜Personal Data Collection Statement of the Registry of the University of Macau＞stated below：

The University of Macau，in accord to the purpose of providing the related administrative services requested by applicants，requires applicants to fill in this application form and submit to the Registry．The personal data collected in the form will only be used for the mentioned purpose and may also be transferred within the University and to entities that are in accordance with legal provision or with your prior consent，for the purpose of carrying out the related procedures．The transmission of personal information over the Internet may lack protection and security．There is a risk that your information may be accessed or used by an unauthorized third party．

The application will not be proceeded if applicants fail to fill in any of the mandatory fields as required in the application form in accord to the personal－identification and education－related information．

To make correction of your personal data held by the University or to apply for related testimonials，undergraduate students can submit the request to the Registry while postgraduate students should contact the Graduate School．

Applicant＇s Signature： $\qquad$ Date：


| FOR OFFICE USE ONLY | Registry Stamp | Treasury <br> Signature \＆Stamp |
| :---: | :---: | :---: |
| COMPLETED BY TREASURY SECTION |  |  |

## RECEIPT

Payment of MOP／HK\＄ $\qquad$ for $\qquad$ copy／copies of testimonial from Mr．／Ms． $\qquad$ ，
student no．： $\qquad$ received．

Date： $\qquad$ 1 $\qquad$
$\qquad$
Note：Please bring along with you this receipt for collection after 2 working days．All testimonials will only be kept in file for a month from the date of issue．The Registry will not issue any overdue testimonials．
＊Please find the＂Authorization Letter＂on the overleaf if applicable．


## FOR TREASURY SECTION USE ONLY

Payment of MOP／HK\＄ $\qquad$ for $\qquad$ copy／copies of testimonial from Mr．／Ms． $\qquad$
student no．： $\qquad$ received．

Date： $\qquad$ ／＿＿＿ $\qquad$ Signature \＆Stamp of Treasury Section： $\qquad$
＊＊Place of Issuing Bank

```
Currency／Cheque
```

```
Hong Kong Dollar
Foreign Currency
```

Bank Charges
Macao

MOP50

## NOTE

1. Students must allow 2 working days of processing time (from the date of application) for a testimonial to be issued.
2. $M O P / H K \$ 55$ is charged for the first copy of the testimonial. MOP/HK $\$ 50$ is charged for extra copy.
3. Application for testimonial will not be processed for students who have outstanding fees/charges in their accounts with the University or students who left the University without completing the check-out procedures.
4. Additional bank charges are required for foreign cheque Payments. ${ }^{* *}$
5. If you want to settle the application fee by credit card payment, please complete the "Authorization of Credit Card Payment" form (REG/Form/036), which can be downloaded from the Registry webpage: http://reg.umac.mo.

** | Place of Issuing Bank | Currency / Cheque | Bank Charges |
| :--- | :--- | :--- |
| Macao | Hong Kong Dollar | ------------------- |

## AUTHORH2TIONLETIER

| I (Name) | (I.D. No. | hereby authorize |
| :---: | :---: | :---: |
| (Name) | (I.D. No. | to act on |

behalf to collect my testimonial(s).
I declare that the information provided in this authorization letter is correct and I have acknowledged and understood the <Personal Data Collection Statement of the Registry of the University of Macau>.

Signature: $\qquad$ Date: $\qquad$
Note: Please submit the Authorization Letter together with I.D. copies of both parties.

