



IMPORTANT: PLEASE READ THE NOTE OVERLEAF.

FOR TREASURY SECTION USE ONLY		FOR GRS USE ONLY	
Fees Outstanding	<input type="checkbox"/> Yes* \$ _____	Received \$ _____	<input type="checkbox"/> Macau Pass at GRS
	<input type="checkbox"/> No	Signed by: _____	

Name: _____

Student No.: ---

Academic Unit: FAH FBA FED FHS FLL FSS FST IAPME ICMS ICI IME

Contact No.: _____

E-mail: _____

No. of Copies:	Language Preference	Purpose
	Chinese	
	English	
	Portuguese	

Additional Information: Expected Date of Completion

Please choose **one** of the following options:

- I have read and understood the <Statement for Collecting Personal Contact Information> stated overleaf and hereby **unambiguously consent** to the processing of the data concerned by the University of Macau.
- I have read and understood the <Statement for Collecting Personal Contact Information> stated overleaf but **do not consent** to the processing of the data concerned by the University of Macau.

* I declare that the information provided in this application form is correct and I have acknowledged and understood the <Personal Data Collection Statement of the University of Macau/the Graduate School of the University of Macau>.

Applicant's Signature: _____ Date: _____

For Office Use Only

Date of collection : _____ No: _____

FOR OFFICE USE ONLY

Graduate School Stamp

Treasury Signature & Stamp

RECEIPT

Payment of MOP/HK\$ _____ for _____ copy/copies of testimonial from _____ student
no.: _____ received. Date: _____ / _____ / _____ Signature & Stamp: _____

Payment

- Macau Pass at GRS / TRE
 BOC Quick Pass at TRE
 Cash at TRE

Date of collection : _____ No: _____

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 Graduate School will not issue any overdue testimonials.

If you are unable to collect the testimonials yourself, you may authorize a person to collect the testimonials on your behalf. Kindly ask the person you authorize to bring the following documents to the Graduate School to collect your testimonials:

1. Authorization form overleaf which has been duly completed.
2. A photocopy of your ID card/passport.
3. A photocopy of his/her ID card/passport.

FOR OFFICE USE ONLY

Payment of MOP/HK\$ _____ for _____ copy/copies of testimonial from _____ student
no.: _____ received. Date: _____ / _____ / _____ Signature & Stamp: _____

Payment

- Macau Pass at GRS / TRE
 BOC Quick Pass at TRE
 Cash at TRE

NOTE

1. Students must allow 2 working days of processing time (from the date of application) for a testimonial to be issued.
2. MOP/HK\$55 is charged for the first copy of the testimonial. MOP/HK\$50 is charged for additional copy.
3. The second copy of the testimonial should be the same as the first copy.
4. A testimonial is a certification of the student's present registration status with regard to his/her studies at the University.
5. If a student leaves the University in the course of study without going through the check-out procedures, no official document including testimonial will be issued.
6. The University reserves the right to withhold a testimonial from a student who has outstanding fees owing to the University, or who has otherwise failed to discharge all obligations towards to the University.
7. You will be required to present your campus card or personal I.D. card for verification upon collection of the testimonials.
8. Additional bank charges are required for foreign cheque payments. **

** Place of Issuing Bank	Currency / Cheque	Bank Charges
Macao	Hong Kong Dollar	-----
Macao or Outside Macao	Foreign Currency	MOP50

Statement for Collecting Personal Contact Information

(For individuals applying for UM services that are covered by the "Public Services and Organizational Performance Review System" and for which user satisfaction surveys will be conducted)

The Macao SAR government is implementing the "Public Services and Organizational Performance Review System" to monitor the quality of services provided by public entities. For this purpose, the University of Macau (UM) hereby seeks your consent to the collection of your personal data for a user satisfaction survey to be conducted in the future for continuous improvement of our service quality.

1. In order to provide the requested service, the application form as you have completed will be submitted to the Graduate School. The personal data collected therein will only be used for purposes related to your application and your contact information may also be transferred within UM and to entities required by law or with your prior consent, for the purpose of carrying out the related procedures.
2. For improvement of its service quality, UM periodically conducts user satisfaction surveys and your personal contact information may be used for this purpose. The data may be transferred to individuals/institutions in or outside Macao only where the processing of your case requires our contact with those individuals or institutions as well as transmission of your data to them.
3. UM observes the principles regarding personal data protection, ensuring the confidentiality and integrity of the personal data collected.
4. In accordance with the *Personal Data Protection Law*, UM may process your data by automatic or non-automatic means, including comparing your data with those kept by other competent authorities for verification.
5. You have the right to request access to, rectification or update of the personal data conserved in UM in accordance with the *Personal Data Protection Law*.

AUTHORIZATION LETTER 授權書

I hereby declare that I authorize the person mentioned below to act on my behalf to collect my testimonial(s):
本人現聲明授權下述人士代領本人領取證明書:

Declarer Data (授權人資料)	Authorized Person's Data (代領人資料)
Name (姓名):	Authorized Person's Name (代領人姓名):
ID No. (證件號碼):	ID No. (證件號碼):

Note: The authorized person should submit this Authorization Letter together with I.D. copies of both parties.

註：代領人須遞交由授權人簽署之授權書及雙方身份證明文件副本。

✧ 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 University of Macau/the Graduate School of the University of Macau>.
本人確定於授權書中所提供的資料正確無誤，並聲明已知悉及明白澳門大學之《澳門大學/澳門大學研究生院收集個人資料聲明》。

Declarer Signature 授權人簽名: _____ Date 日期: _____