



澳門科技大學  
MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

研究生推薦表

RECOMMENDATION FORM FOR POSTGRADUATE APPLICANT



第一部份 申請人個人資料 (由申請人填寫)

SECTION 1. PARTICULARS OF APPLICANT (TO BE COMPLETED BY APPLICANT)

中文姓名 Name in Chinese	外文姓名 Name in English
使用者名稱 Username of OAS	電郵地址 E-mail Address
報讀課程 Applied Program	報讀專業 Applied Major

第二部份 推薦信息 (由推薦人填寫)

SECTION 2. RECOMMENDATION INFORMATION (TO BE COMPLETED BY THE RECOMMENDER)

請問你認識上述申請人多久及如何認識?  
How long and in what capacity have you known the above applicant?

請就下表中所列項目對上述申請人之能力作出評價(5-優良、4-良好、3-滿意、2-普通或以下、1-無從判斷):  
Please rate the applicant's abilities in the following chart (5-Excellent, 4-Good, 3-Satisfactory, 2-Average or below, 1-No basis for Judgment):

項目 Item	學習能力 Learning ability	對報讀課程的知識程度 Knowledge in applied program	中文程度 Chinese Proficiency	英文程度 English Proficiency	創造力 Creativity	毅力 Perseverance	判斷力 Judgment	分析及推論能力 Analytical and reasoning ability
評價 Comment								

根據你對上述申請人的認識，你會否推薦他/她入讀所報讀之研究生課程?  
Based on your knowledge of the applicant, would you recommend him/her for admission to the above mentioned postgraduate program of study?

- 會，因為  
Yes, because
- 不會，因為  
No, because
- 其他  
Others

推薦人個人資料 Personal Details of Recommender:

姓名 Name	
工作機構 Organization at work	
職位/職稱 Position/ Title	
電郵地址 E-mail Address	聯絡電話 Contact Phone NO.

推薦人簽名: \_\_\_\_\_ 日期: \_\_\_\_\_  
Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

感謝您的寶貴時間填寫此份推薦表! 填妥及簽字後請交至/寄回澳門科技大學研究生院: 澳門氹仔偉龍馬路N座N412室, 電話: (853)88972262  
Thank you for your time in completing this form! Please fill in and sign and then submit or post it to our School of Graduate Studies: Room 412, Block N, Avenida Wai Long, Taipa, Macau. Tel: (853)88972262.