

## 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	( <b>由申請人填寫</b> To be completed by the applicant)					
Name of Applicant: 身份證號碼	(中文) (英文) (in Chinese) (in English)					
電郵 E-mail:			電話 Telepho			
報讀課程 Proposed program of study:						
<b>第二部分</b> SECTION 2	(	由推薦人填寫	To be comp	oleted by the re	commender)	
	at capacity have you k				11.+2	
請就表中所列各項,對申請人之能力與你曾經教導過的學生或一起共事的同事或下屬作一比較: 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						
中文程度 Knowledg	e 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 recommend him/her for admission to the above mentioned						
postgraduate program of study?						
□ 會,因為 Yes, because						
□ 否,因為 No, because						
□ 其他 Others						
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						
Tolonhone Fox Number						
Telephone Fax Number = 電郵						
E-mail						
<u></u>						
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院 澳門氹仔偉龍馬路

電郵:<u>sgs@must.edu.mo</u> 網址:www.must.edu.mo Please return the completed form to:

School of Graduate Studies

Macau University of Science and Technology

Avenida Wai Long, Taipa, Macau.

Telephone: (853) 8972262 Fax: (853) 28827666

E-mail: <a href="mailto:sgs@must.edu.mo">sgs@must.edu.mo</a>
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