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TO : SCHOOL OF CONTINUING STUDIES, MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

Authorization Letter

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(FOR Graduation Certificate Collection)

I, ()
(Name) _____ I.D. No. _____ Student No. _____

()
hereby authorize (Name) _____ I.D. No. _____

to collect the graduation certificate.

I declare that the information provided in this authorization letter is true and correct; I have also acknowledged and understood the Personal Data Collection Statement of Macau University of Science and Technology.

Signature: _____

Date: _____

Note

1. Student must sign on this Authorization Letter in order to be valid.
2. Please submit the form together with I.D. card copies of both parties.