

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

Authorization Letter

/

(For Caution Fee Collection Only)

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

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

/ ()
)
to represent me to process / to collect the balance of caution fee or other refund for me. (Please delete the “to collect” if refund is made to yourself).

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. Please use capital letters.
2. Please write down the refunding method of the trustee in the application form.
3. Please provide ID copies of yourself and also your representative.