



MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

Authorization Letter

I, (Name) _____ Identification document No. _____ ,

Student No. _____ , hereby authorize (Name) _____ ,

Identification document No. _____ , Contact Phone No. _____ ,

To : apply for / collect

_____ .

Student Signature: _____

Date: _____

Contact Phone No: _____

Notes

1. _____ ;
The authorization letter must be signed personally by the student and only original copy will be accepted.
2. Please submit the authorization letter together with photocopies of the identification document of both parties.