



MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

RECOMMENDATION FORM FOR POSTGRADUATE APPLICAT



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

Name in Chinese _____ Name in English _____

Username of OAS. _____ E-mail Address _____

Applied Program _____ Applied Major _____

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

How long and in what capacity have you known the above applicant?

(5- 4- 3- 2- 1-)

Please rate the applicant's abilities in the following chart (5-Excellent, 4-Good, 3-Satisfactory, 2-Average or below, 1- No basis of Judgment):

Comment

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/ ?

Based on your knowledge of the applicant, would you recommend him/her for admission to the above mentioned postgraduate of study?

Yes, because _____

No, because _____

Others _____

Personal Details of Recommender

Name _____

Organization at work _____

Position/ Title _____

E-mail Address _____

Signature of Recommender _____ Date _____

! Thank you for your time in completing this form!

(OAS) <https://oas.must.edu.mo/admission/locale.do>

Please fill in and sign, then upload to Online Application System (OAS) before application deadline <https://oas.must.edu.mo/admission/locale.do>.