澳門大學
UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU

工商管理學院
Faculdade de Gestão de Empresas
Faculty of Business Administration

Exchange Programme

Exchange Period: _____ (e.g. 1st semester of 2019/2020)

CHOICE	COUNTRY	PARTNER UNIVERSITY
1		
2		
3		

Name (as in I.D./passport): _____	Chinese Name: _____	
Date of Birth (D/M/Y):_____	Gender (M/F): _____	Place of Birth: _____
Nationality: _____	Student No. _____	Year of Study: _____
Faculty & Major: _____	Cumulative GPA:: _____	Email: _____
Passport: Portuguese/Macao SAR/ China/Other: _____	Passport No.: _____	Expiry Date: _____
Postal Address: _____		
Permanent Address:_____		
Tel (Macao): 853- _____	Tel. (China): 86-_____	
Mobile (Macao): 853-_____	Mobile (China): 86-_____	
Name of Father: _____	Tel./Mobile: _____	
Name of Mother: _____	Tel./Mobile: _____	
Score of TOEFL _____ or IELTS:_____		

For Student Only

I understand I will need to consult my programme coordinator and obtain their approval for course selection and credit transfer when I receive my learning agreement.

_____

Applicant's Signature and Date

- Please submit this form with **2 photos and the full set of documents** (as shown in the Guideline)
- Please refer to the *http://www.umac.mo/fba/exchange/* for the application deadline
- Minimum requirement: **Overall GPA ≥ 2.0** (All selected students are **FULLY RESPONSIBLE** for applying their visa on time)

For FBA General Office Only:

Interview Required: ☐Yes ☐No

Decision: ☐ Allocated to University: _____

☐ Not Allocated, Reason: _____

This decision is subject to confirmation of Programme Coordinator.

_____

Signature and Date