



# UM Exchange Program

## Accommodation Form

<input type="checkbox"/> 1 <sup>st</sup> Semester	<input type="checkbox"/> 2 <sup>nd</sup> Semester	<input type="checkbox"/> Full Academic Year
---	---	---

(Please write clearly in BLOCK Letters)

Family Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Nationality
Home University	Country
Email	Tel

Arrival Date	<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend
Arriving Airport <input type="checkbox"/> Macao <input type="checkbox"/> Hong Kong <input type="checkbox"/> China	Arrival Time
Arriving with Student(s) namely	
Intended Departure Date	

### Dormitory Accommodation at East Asian Hall (EAH)

<input type="checkbox"/> 21 Aug 2010 – 22 Jan 2011 (MOP6,000) <input type="checkbox"/> 22 Jan 2011 – 23 Jun 2011 (MOP6,000)  <b>Early Arrival</b> Extra _____ nights ( MOP 35 per night ) _____ Aug – 20 Aug 2010 (for 1 <sup>st</sup> semester) _____ Jan – 21 Jan 2011 (for 2 <sup>nd</sup> semester)	<input type="checkbox"/> 21 Aug – 30 Sept 2010 (MOP1,500) <input type="checkbox"/> 22 Jan – 2 Mar 2011 (MOP1,500)  <b>Early Arrival</b> Extra _____ nights ( MOP 35 per night ) _____ Aug – 20 Aug 2010 (for 1 <sup>st</sup> semester) _____ Jan – 21 Jan 2011 (for 2 <sup>nd</sup> semester)
Suggested Roommate	
Special Remark	

### “Temporary” Dormitory Accommodation at East Asian Hall (EAH)

<input type="checkbox"/> Check-in date _____ Aug 2010 / _____ Jan 2011 ( MOP 100 per night ) You may check out at anytime
Suggested Roommate
Special Remark

### UM Medical Insurance Scheme

<input type="checkbox"/> NO, I will NOT purchase the medical insurance scheme of UM as I have my own medical insurance policy at home country which covers my medical expenses during my exchange period
<input type="checkbox"/> YES, I will purchase the medical insurance scheme of UM during my exchange period (MOP120 premium per year, including a total of 5 reimbursements at Macau Hospitals with a maximum of MOP200 per claim)

Signature \_\_\_\_\_

Date \_\_\_\_\_