



UM Buddy Program Application Form

Photo

<input type="checkbox"/> Chinese Student	<input type="checkbox"/> Foreign Student
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Name in English		Name in Chinese	
Preferred Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address in Macao			
Permanent Address			
Birth day	(dd)	(mm)	(yy) Birth place
Nationality		Tel./Mobile	
Email			
Language(s) Spoken			

UM Student No.	<input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>	Year of Study	<input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
Major/Specialization		Cumulative GPA	
Enrolled Faculty	<input type="checkbox"/> FBA <input type="checkbox"/> FED <input type="checkbox"/> FLL <input type="checkbox"/> FSH <input type="checkbox"/> FST		
Study Program	<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Exchange Program		
Study Period at UM	<input type="checkbox"/> One semester <input type="checkbox"/> One year <input type="checkbox"/> 2-4 years		

Personal Interest <i>(pls. number 5 top activities)</i>	<input type="checkbox"/> Basketball	<input type="checkbox"/> Movies	<input type="checkbox"/> Swimming
	<input type="checkbox"/> Boxing	<input type="checkbox"/> Music	<input type="checkbox"/> Table Tennis
	<input type="checkbox"/> Cooking	<input type="checkbox"/> Parties/Karaokay	<input type="checkbox"/> Tai Chi
	<input type="checkbox"/> Dancing	<input type="checkbox"/> Reading	<input type="checkbox"/> Tennis
	<input type="checkbox"/> Football	<input type="checkbox"/> Shopping	<input type="checkbox"/> Traveling
	<input type="checkbox"/> Karate	<input type="checkbox"/> Squash	<input type="checkbox"/> Volleyball
	<input type="checkbox"/> Others _____		

Buddy Period	<input type="checkbox"/> 1 st semester <input type="checkbox"/> 2 nd semester <input type="checkbox"/> 1 full academic year
Best way for contact	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mobile
Time Commitment	<input type="checkbox"/> 30min-1hr/week <input type="checkbox"/> 1-2 hr/week <input type="checkbox"/> +2 hrs/week
Special Requirement	

Student Affairs Section
Room A101, Administrative Building
Email : GraceKCC@umac.mo
Tel : 8397 4600 / Fax : 8397 4683