



UM Exchange Program Application Form

Photo

<input type="checkbox"/> 1 st Semester	<input type="checkbox"/> 2 nd Semester	<input type="checkbox"/> Full Academic Year
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(Please write clearly in BLOCK Letters)

Family Name			Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name (Full name as in Passport)					
Permanent Address (Contact address when you are in Macau)					
Country			Tel		
Postal Address (to send the Letter of Acceptance)					
(Valid until _____)					
Country			Tel		
Email			Fax		
Birthday	(dd)	(mm)	(yy)	Birth place	
Passport Number				Issue Place	
Issue Date	(dd)	(mm)	(yy)	Nationality	
Expiry Date	(dd)	(mm)	(yy)	Marital Status	
Father's Name					
Mother's Name					

Home University	
Contact Person at Home University	
Email	
Tel	Fax

Person in contact in case of emergency	
Contact Address	
Tel	Relationship

Please return the completed application form on or before 30 April (for 1st semester) or 30 September (for 2nd semester) to

Ms. Grace Chau (Student Affairs Section, University of Macau)
Av. Padre Tomás Pereira, Taipa, Macao, South China (via Hong Kong)
Fax: +853 - 8397 4683 / Email : GraceKCC@umac.mo / Tel: +853 8397 4600

I state that all information supplied is completely accurate and that I have enclosed

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|--|---|--|
| <input type="checkbox"/> Passport Photocopy | <input type="checkbox"/> Orientation Week Reply Slip | <input type="checkbox"/> Medical Examination Report |
| <input type="checkbox"/> 10 Colored Passport size Photos | <input type="checkbox"/> Course Selection Form | <input type="checkbox"/> X-Ray film / English Report |
| <input type="checkbox"/> Testimonial | <input type="checkbox"/> Accommodation Form | <input type="checkbox"/> Copy of Vaccination Record |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> 2 Photos (stay on campus only) | |