





聯絡人 Contact Person (選填 Optional)					
例女	例如可提供更多資訊之中學或機構 e.g. high school or o	ganization if further infor	mation is required		
姓名	姓名 與申請	人之關係			
Nar	Name Relation	onship with the applicant			
電垂	電郵地址	聯絡電話			
Em	Email address	Tel no.			
桦桔	機構名稱 (如學校)				
	Name of organization (e.g. school)				
幸 ひ □	**************************************				
	聲明 Declaration	/// # -			
本人同意四校就處理本人特別考試安排的申請,可向以上機構查核相關資料。					
I hereby agree that the Four Institutions may contact the organization above to obtain relevant information for evaluation of my application for special examination arrangements.					
Ova	ovaldation of my application for openial oxamination arrai	igomonio.			
注意	注意事項 Remarks				
1.	1. 申請截止日期為 31/12/2021				
	Deadline for application is: 31/12/2021				
2.	2. 請提交由本澳註冊執業醫師發出的評估報告及其他有關	關的診斷文件 / 證明,如澳門	門特別行政區社會工作局		
	發出之「殘疾評估登記證」,並需出示原件以供核對。				
	Please submit assessment report and other relevant medical practitioner in Macao, e.g. "Disability Assessr Bureau of Macao SAR. Original document is needed	nent Registration Card" issu			
3.			买排之說明 。		
	Candidates who have previously been provided with submit relevant proof issued by the school or specific		ments in schools should		
4.	4. 填妥此表格後,請連同相關證明文件遞交至澳門旅遊島	學院(望廈校區)。			
	Applicants should complete this form and submit it wit Studies (Mong-Há Campus).	h relevant documents to Ma	acao Institute for Tourism		
5.	5. 申請人的個人資料及文件僅用於由四校共同進行之申請	青處理程序。			
	Personal information and documents provided by approcessing the application.	olicants will only be used by	the Four Institutions for		
6.	6. 個人資料於互聯網傳送期間有可能缺乏適當之保護和	安全措施,因此,您的個人資	資料存在一定風險被不當		
	存取或被未經授權之第三方使用。				
The transmission of personal information over the internet may lack proper protection and security. There is a certain risk that your information may be accessed or used by an unauthorized third party.					
申請	申請人簽署	日期			

Date

Signature of Applicant