

中国高等院校硕士学位及博士学位研究生课程

机 密 推 荐 书

CONFIDENTIAL RECOMMENDATION FORM

I、下列各项由报名者填写：

To be completed by the applicant:

报名者姓名 (中 文) (英 文)
Name of Applicant: (in Chinese) _____ (in English) _____

报考院校名称
Institute of choice: _____

拟攻读课程
Programme applied for:
☐ 硕士课程 Master's Programme
☐ 博士课程 Doctoral Programme

报考专业
Field: _____

报考研究方向
Research Topic: _____

II、下列各项由推荐人填写 (推荐人须为副教授以上或相关职称的学者)

To be completed by the Referee (who must rank associate professor or above)

- 1、请就表中所列各项,对报名者之能力与其它 台端曾教导之学生或共业之雇员作比较:
Please rate the applicant's abilities in the following characteristics comparison with other students you have taught or other employees you have worked with or supervised:

	优 良 Excellent (Upper 5%)	良 好 Good (6—20%)	满 意 Satisfactory (21—50%)	普通或以下 Average or below (Lower 50%)	无从判断 No basis for Judgment
智能 Intellectual ability					
对拟攻读学科之知识程度 Knowledge in subject of proposed study					
中文程度 Knowledge of Chinese					
创造力 Initiative					
毅力 Perseverance					
判断力 Judgment					

2、请写出对报名者之评语以供甄别参考。如有需要请另纸书写附上。

Please give general comments, which may be of assistance in assessing the applicant. Attach a separate sheet if necessary.

3、请以“✓”符号加于适合之空格以表示对报名者之推荐程度。

Please indicate the strength of your recommendation by a “✓” in the appropriate box.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
极为推荐	乐于推荐	仅可推荐	不予推荐
Highly recommended	Recommended	Recommended with reservations	Not recommended

推荐人姓名

Referee's Name: _____
请用正楷 (in Block Letters)

签 署

Signature: _____

职 位

Position: _____

日期

Date: _____

学 术 机 构 名 称

Name of Educational Institute: _____

学 术 机 构 地 址

Address of Institute: _____

电 话

Telephone No.: _____

注：请推荐人填妥后，密封此推荐书，并在封口处签名，由报名者交回澳门高等教育辅助办公室。

A Note For The Referee: Please seal this form after completion, sign on the sealed part and pass it back to the applicant for submission to “Gabinete de Apoio ao Ensino Superior”.

澳门高等教育辅助办公室 (Gabinete de Apoio ao Ensino Superior)

地址(Address): 澳门罗理基博士大马路 614A-640 号龙成大厦 5-7 楼

(入口位于果亚街 105 号) Av. do Dr. Rodrigo Rodrigues n.º 614A~640, Edif. Long Cheng, 5.º a 7.º andares, Macau (c/entrada pela Rua de Goa, n.º 105)

电话 Tel: (853) 83969345

传真 Fax: (853) 28701076

电邮 Email: info@gaes.gov.mo

网址 Homepage: <http://www.gaes.gov.mo>