



澳門鏡湖護理學院
Kiang Wu Nursing College of Macau
支援服務申請表格
Support Service Application Form

申請編號：_____ (由學院填寫)

Application No. _____ (To be completed by office)

I. 個人資料 Personal Information

姓名(中文) Name in Chinese		外文姓名 Name in Block Letters	
課程 Programme		電子郵箱 Email	
通訊地址 Corresponding address			
電話 Telephone			

II. 申請之服務 Service apply for

生活支援 <input type="checkbox"/> Living support	住宿申請 <input type="checkbox"/> Accommodation	心理輔導 <input type="checkbox"/> Counselling	日常出行 <input type="checkbox"/> Daily activity
教學支援 <input type="checkbox"/> Teaching support	延長考試申請 <input type="checkbox"/> Extra time at examination	獨立考室 <input type="checkbox"/> Single room at examination	電腦作答 <input type="checkbox"/> Use of computer at examination

III. 個人聲明 Declaration

基於本人在 _____ 上的個人需要，同時已知悉申請相關權利及義務的情況下，現向學院申請欄 II 中所顯示之相關服務，敬希獲得批核。

Based on my specific _____ needs, And with the knowledge of related rights and responsibilities in this application. I seek approval for the service(s) as indicated in II.

附：身心障礙診斷表

Attached: Disability Assessment Form

簽名 Signed: _____

日期 Dated: _____

學院批示 Comments by College	
意見：	
批核決議： <input type="checkbox"/> 同意 _____ 之申請 Decision Application Approved	<input type="checkbox"/> 不同意 Not approved
負責人簽署：_____	日期：_____
Approval granted by:	Dated: