



澳門大學
UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU

Institute of Collaborative Innovation
Centre for Innovation
Course Add/Drop Application Form

Student Name: _____

Student Number: _____

Tel.: _____

E-mail: _____

Faculty: _____

Course Code	Class	Course Title

Please return this form to the Centre for Innovation by email to: calvinv@umac.mo.

By submitting this application form, I acknowledged any possible additional tuition fee based on my programme and enrollment.

Signature of Student

Date

For Office Use Only		
Received on	Entered by	Entered on
_____	_____	_____