



澳門大學  
UNIVERSIDADE DE MACAU  
UNIVERSITY OF MACAU



澳門理工大學  
Universidade Politécnica de Macau  
Macao Polytechnic University



澳門旅遊大學  
UNIVERSIDADE DE TURISMO DE MACAU  
Macao University of Tourism



澳門科技大學  
UNIVERSIDADE DE CIÊNCIA E TECNOLOGIA DE MACAU  
MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

## 2025 年澳門四高校聯合入學考試 (語言科及數學科)

### 2025 Joint Admission Examination for Macao Four Higher Education Institutions (Languages and Mathematics)

#### 身心障礙學生特別考試安排

#### Special Examination Arrangements for Students with Disabilities

#### 申請表 Application Form

#### 申請人資料 Information of Applicant

姓名 \_\_\_\_\_ 身份證 / 護照號碼 \_\_\_\_\_  
Full name \_\_\_\_\_ ID / Passport no. \_\_\_\_\_

電郵地址 \_\_\_\_\_ 聯絡電話 \_\_\_\_\_  
Email address \_\_\_\_\_ Tel no. \_\_\_\_\_

中學名稱 \_\_\_\_\_  
Name of high school \_\_\_\_\_  
(只適用於應屆高中畢業生 applicable to  
current high school graduates only)

#### 身心障礙狀況簡述 Brief Description of Disabilities Status

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#### 所需之特別考試安排 Special Examination Arrangements Needed

延長作答時間 Extra time allowance in examination

請註明各科目所需之額外時間 Please specify the extra time needed for each subject:

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考室或座位安排 · 請註明 Arrangement of examination room or seating, please specify:

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其他 · 請註明 Others, please specify:

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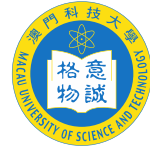
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### 聯絡人 Contact Person (選填 Optional)

例如可提供更多資訊之中學或機構 e.g. high school or organization if further information is required

姓名 \_\_\_\_\_ 與申請人之關係 \_\_\_\_\_  
Name \_\_\_\_\_ Relationship with the applicant \_\_\_\_\_

電郵地址 \_\_\_\_\_ 聯絡電話 \_\_\_\_\_  
Email address \_\_\_\_\_ Tel no. \_\_\_\_\_

機構名稱 (如學校) \_\_\_\_\_  
Name of organization (e.g. school) \_\_\_\_\_

### 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.

### 注意事項 Remarks

- 申請截止日期為 **31/12/2024**  
Deadline for application is: **31/12/2024**
- 請提交由本澳註冊執業醫師發出的評估報告及其他有關的診斷文件 / 證明，如澳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 diagnostic documents / proof issued by registered medical practitioner in Macao, e.g. "Disability Assessment Registration Card" issued by the Social Welfare Bureau of Macao SAR. Original document is needed for verification.
- 如曾在校內考試獲相關特別考試安排，申請人必須提供由校方發出之證明或相關安排之說明。  
Candidates who have previously been provided with special examination arrangements in schools should submit relevant proof issued by the school or specification of the arrangement.
- 填妥此表格後，請連同相關證明文件遞交至澳門旅遊大學(望廈校區)。  
Applicants should complete this form and submit it with relevant documents to Macao University of Tourism (Mong-Há Campus).
- 申請人的個人資料及文件僅用於由四校共同進行之申請處理程序。  
Personal information and documents provided by applicants will only be used by the Four Institutions for processing the application.
- 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.

申請人簽署 \_\_\_\_\_ 日期 \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_