



澳門大學

UNIVERSITY OF MACAU

博彩研究所

INSTITUTE FOR THE STUDY OF COMMERCIAL GAMING (ISCG)

ISCG/FORM/011

「賭場管理文憑」課程

聲明書

茲聲明本人(申請人姓名) _____ (身份證/護照號碼 _____)

已知會敝公司人事部，為本人安排合適的工作時間，以配合「賭場管理文憑」課程的上課時間。本人完全明白，除博彩研究所於「繳費，退學及退還學費規章」列明之原因，若本人出席率未達百分之八十，將不獲退還學費及不獲准參加考試。

申請人: _____

日期: _____

DIPLOMA IN CASINO MANAGEMENT

DECLARATION LETTER

This is to declare that I, (applicant name) _____ (I.D. No. / Passport No. _____) have notified the Human Resources Department of my company to arrange a suitable work schedule for me so that I can cope with the lecture schedule of Diploma in Casino Management. I understood that I will not be refunded and allowed to take Examination if I fail to attend 80% of the classes by any reasons not listed in the Regulations of Payment, Withdrawal, and Refund of Tuition Fee as addressed by the Institute.

Applicant: _____

Date: _____