THE UNIVERSITY OF HONG KONG

Transcript Request Form

I. To the Applicant: Applicants who did not attach their original official transcript, should complete the first part of this form and send it to the appropriate officer of institute from which the transcript is requested.

Name of Applicant: ___________________________ (____________________) 
in English in Chinese, if any

University/College Attended: ___________________________

Dates of Attendance: From ________________ To ________________

Title of Degree/Diploma: ___________________________ Date of Award: __________

Programme applied for admission at The University of Hong Kong:

Master of Public Health (FT/PT*)

* Please delete as appropriate.

II. To the Officer responsible for issuing transcripts: The applicant named above has applied for admission to a postgraduate curriculum at The University of Hong Kong. Please send a copy of the official transcript together with this form directly to:

The University of Hong Kong
G/F, Patrick Manson Building (North Wing)
7 Sassoon Road
Pokfulam
Hong Kong
(Ref.: MPH)

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CHECKLIST OF SUPPORTING DOCUMENTS

☐ I attach the following documents in support of my application:

| ☐ | academic transcripts¹ |
| ☐ | TOEFL/IELTS* official score report¹ (if appropriate) |
| ☐ | Completed Transcript Request Form (if appropriate) |
| ☐ | Online Verification Report of Higher Education Qualification Certificate² (if appropriate) |
| ☐ | Referee’s Report |
| ☐ | List of publications (if appropriate) |

☐ I have asked my following home institutions to send transcripts directly to the University:

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¹ Please delete as appropriate.
² Please note that the University will only ACCEPT originals or copies of the documents that have been duly declared as true copies before a notary public (e.g. a Commissioner for Oaths at a City District Office in Hong Kong). Copies of documents may be certified by the appropriate officials of your home institute if you are an overseas applicant. **No photocopies will be accepted.**

² For qualifications obtained from universities in Mainland China, an Online Verification Report of Higher Education Qualification Certificate (教育部学历证书电子注册备案表), both Chinese and English version, issued by the CHESICC / 学信网 is required. Please set the validity period of the report as 6 month or the longest available.
Note to applicant: You should complete Section I below, then send one copy of this form to each of two referees with the request that the referee completes Section II and returns the form directly to the School of Public Health, The University of Hong Kong, G/F, Patrick Manson Building (North Wing), 7 Sassoon Road, Pokfulam, Hong Kong before the application deadline. Alternatively, the referee may return the completed report to you in a signed and sealed envelope, and you can send the unopened envelope to the School of Public Health together with the application documents.

Note to referee: The applicant named below is applying for admission to the degree programme indicated below. Please complete Section II of this report and return it directly to the School of Public Health, The University of Hong Kong, G/F, Patrick Manson Building (North Wing), 7 Sassoon Road, Pokfulam, Hong Kong as soon as possible. Alternatively, you may return the completed report to the applicant in a signed and sealed envelope. All information given here will be treated as strictly confidential. It will be used only for the purpose of determining whether the candidate will be admitted; and it will be accessible only to those responsible for processing the application. The reference will be destroyed after a decision has been made. The University will be most grateful for your full and candid assessment.

Section I (to be completed by the applicant)

Name of applicant (surname):
(given names):

Programme applied for: □ Master of Public Health

Section II (to be completed by the referee)

1. How long have you known the applicant? ________________________________
   In what capacity have you known the applicant? _________________________

2. How would you rate the applicant’s ability to carry out graduate work at the level applied for?
   (Please tick as appropriate)

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<th>Excellent</th>
<th>Good</th>
<th>Adequate</th>
<th>Less than adequate</th>
<th>No basis for judgement</th>
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<tr>
<td>Powers of analysis and reasoning</td>
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<td>Imagination and originality</td>
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<td>Motivation</td>
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<td>Breadth of knowledge</td>
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<td>Skills of writing and argumentation</td>
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<td>Capacity for independent work</td>
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<td>Intellectual ability overall</td>
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3. Please make any further comments as appropriate (e.g. applicant’s suitability for the degree applied for).

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4. What is your overall recommendation?

☐ Recommend enthusiastically
☐ Recommend strongly
☐ Recommend
☐ Recommend with reservation
☐ Do not recommend

Signature of referee: __________________________ Date: ____________

Title of referee:            
☐ Professor   ☐ Dr.      ☐ Mr.    ☐ Miss    ☐ Ms.  ☐ Mrs.

Name of referee: __________________________

Address of referee: _____________________________________________________________

POSTAL CODE

Please return this form to the School of Public Health, The University of Hong Kong, G/F, Patrick Manson Building (North Wing), 7 Sassoon Road, Pokfulam, Hong Kong as soon as possible.