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 Psychological Medicine (Psychosis Studies)
Postgraduate Diploma in Psychological Medicine (Psychosis Studies)

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:

Department of Psychiatry
The University of Hong Kong
Queen Mary Hospital
102 Pokfulam Road
Hong Kong
(Ref.: MPsyMed/PDipPsyMed)

Application No. : _____

THE UNIVERSITY OF HONG KONG

Master of Psychological Medicine (Psychosis Studies)
Postgraduate Diploma in Psychological Medicine (Psychosis Studies)

SUPPORTING DOCUMENTS

Please post the following required **verified** documents directly to the Department of Psychiatry, The University of Hong Kong, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong by the application deadline. Please quote "MPsyMed/ PDipPsyMed" at the envelope. Your application number should be marked on each document.

Enclosed (Please tick as appropriate)

	☐	I attach the following **verified** documents in support of my application:
	☐	_____academic transcripts[i]
	☐	TOEFL/IELTS* official score report[i] (if appropriate)
	☐	Completed Transcript Request Form (if appropriate)
	☐	List of publications (if appropriate)
	☐	I have asked my following home institutions to send transcripts directly to the University: _____ _____

[i]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 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 or e-copies will be accepted**.

*Please delete as appropriate. **Please note that the University's TOFEL code is 9671**.

THE UNIVERSITY OF HONG KONG
LI KA SHING FACULTY OF MEDICINE
DEPARTMENT OF PSYCHIATRY

ACADEMIC REFEREE'S REPORT

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 Department of Psychiatry, The University of Hong Kong, Queen Mary Hospital, 102 Pokfulam Road, 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 Department of Psychiatry 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 Department of Psychiatry, The University of Hong Kong, Queen Mary Hospital, 102 Pokfulam Road, 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 Psychological Medicine (Psychosis Studies)

☐ Postgraduate Diploma in Psychological Medicine (Psychosis Studies)

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)

	Excellent	**Good**	**Adequate**	**Less than adequate**	**No basis for judgement**
Powers of analysis and reasoning					
Imagination and originality					
Motivation					
Breadth of knowledge					
Skills of writing and argumentation					
Capacity for independent work					
Intellectual ability overall					

3. Please make any further comments as appropriate (e.g. applicant's suitability for the degree applied for).

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:

P O S T A L C O D E

Please return this form to the **Department of Psychiatry, The University of Hong Kong, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong** and quote "MPsyMed/ PDipPsyMed" at the envelope as soon as possible.