Name of Applicant: _____
Application No. : MDS(Prostho)_____

THE UNIVERSITY OF HONG KONG
FACULTY OF DENTISTRY

Master of Dental Surgery in Prosthodontics

NOTES ON SUBMISSION OF SUPPORTING DOCUMENTS

An email notification will be sent to you within 48 hours after your submission of online application. Please follow the instructions in the email and upload your supporting documents in **pdf format** for our preliminary consideration by logging in https://tpg-admission-addon.its.hku.hk/applicant. All documents should be submitted within one month starting from the date you receive the email notification. Your application number should be included on the file name of each document.

For example *(the first 10 digits are your application number)*:
1100112910_T1 *(stand for 1st submitted Transcript)*
1100112910_G2 *(stand for 2nd submitted Graduation Certificate)*

T: Transcript	*G: Graduation Certificate*	*B: Bachelor Certificate*
E: International English Standard	*P: Personal Statement*	*C: CV*
N: Name Changing Proof	*O: Other Certificates*	

Transcripts, diplomas, certificates, and other submitted documents which are not in English should be accompanied by a certified translation in English. Certified translation may be provided by your home institution.

Please note that you are not required to submit original/certified true copy# of your documents to the University during the application stage. Should you be given an admission offer by the University, you will receive notification to submit original/certified true copy of your documents.

Enclosed (Please tick as appropriate.)

☐	**Transcript** (Please send the Cover Sheet for Transcript Submission along with your transcript application form to the institution from which the transcript is requested, if applicable.)
☐	**Degree Certificates** For qualifications obtained in Mainland China: (i) Bachelor's Degree Certificate (学士学位证书) OR Online Verification Report of Higher Education Degree Certificate (中国高等教育学位在线验证报告) issued by CHSI (学信网); and (ii) Online Verification Report of Higher Education Qualification Certificate (教育部学历证书电子注册备案表) issued by CHSI (学信网) / CHESICC (全国高等学校学生信息咨询与就业指导中心) in Chinese and English versions. Please set the validity period of the report as 6 months or the longest available.
☐	**TOEFL / IELTS official score report** (if appropriate)* For applicants from universities or comparable institutions outside Hong Kong of which the language of teaching and/or examination is not English. *(Only TOEFL/IELTS scores recorded within two years before the submission date of application will be considered.) (HKU's TOEFL code is 9671.)*
☐	**List of publications** (if appropriate)
☐	**Referees' reports**

**Please delete as appropriate.*

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 institution if you are an overseas applicant. **No photocopies will be accepted**.

All documents once submitted will NOT be returned. They will be destroyed if the application is unsuccessful.

THE UNIVERSITY OF HONG KONG
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Cover Sheet for Transcript Submission

I. **To the Applicant:** Applicant who did not attach their original official transcript should complete the first part of this form and send it to your former/ current institution 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 Dental Surgery in Prosthodontics [MDS(Prostho)] (Full-time)

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

Ms. Ada Ma
Faculty of Dentistry
The University of Hong Kong
6/F, Prince Philip Dental Hospital
34 Hospital Road
Sai Ying Pun
Hong Kong
[Ref.: MDS(Prostho)]