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 Attended: _______________________________________________________

   Dates of Attendance: From _________________________ To ______________________

   Title of Degree: __________________________________ Date of Award: ____________

   Programme applied for admission at The University of Hong Kong:

   **Master of Advanced Pharmacy**

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 Pharmacology and Pharmacy
   LKS Faculty of Medicine
   The University of Hong Kong
   L2-55, Laboratory Block
   21 Sassoon Road, Pokfulam
   Hong Kong
   (Ref.: Master of Advanced Pharmacy)
THE UNIVERSITY OF HONG KONG  
Master of Advanced Pharmacy

SUPPORTING DOCUMENTS

Hard copies required:

Please post the following required documents directly Programme Office (General Office, L02-55, 2/F, Laboratory Block 21 Sassoon Road, Pokfulam, Hong Kong SAR) by the application deadline. Your application number should be marked on each document.

☐ Academic transcripts¹

- If you have requested the transcript to be sent directly from the issuing university, please provide copy of transcript request form or application

☐ TOEFL/IELTS* official score report (if applicable)

- An applicant who is seeking admission on the basis of a qualification from a university or comparable institution outside Hong Kong of which the language of teaching and/or examination is not English is required to obtain one of the above examination results.

Soft copies required (to be uploaded on the application system):

☐ Degree Certificates

☐ Written statement of intent (approximately 300 words)

- Describe why you want to attend the Master of Advance Pharmacy Programme at HKU. Discuss your professional and scholarly goals and how that fits with the stream you intend to apply for.

☐ Curriculum vitae (inclusive of publications and academic awards, if any)

Either hard copies or soft copies are acceptable:

☐ 2 Referee’s Reports² (preferably 1 academic referee and 1 workplace referee, if available)

- Your referee may use the academic referee’s report or write a reference letter describing why he/she believes you are suitable for admission to this programme.

- Your referee can mail the document directly to the department or return the document in a sealed envelope for you to mail to us. Your referee can also fill in the referee report sent by the application system

1 An official transcript is a document issued by an academic qualification awarding university/institution, detailing a student’s complete academic record, including courses completed, grades attained, and the academic qualification achieved. You are required to arrange with your degree awarding university/institution to directly post your official transcript(s) to our Programme Office by the submission deadline for verification purpose. Please allow sufficient time for postal delivery.

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

² The completed referee reports with referee’s signature shall either be returned to applicant in a signed and sealed envelope or directly sent to the Programme Office by the referee. To avoid delay in processing the application, applicants are reminded to check referees’ information (e.g. email address, contact number) and follow up with the referee(s) as appropriate. We also accept the referee reports or references to be sent electronically to mapharms@hku.hk.
For pharmacists applying to Clinical Practice/Community Health streams:

(For local pharmacy graduates completing internship in 2022, these documents are typically not available until August and can be provided to the programme later before first day of class)

**Hard copies required:**

- ☐ Registration Certificate with the Pharmacy & Poison Board of Hong Kong\(^3\)

- ☐ Annual Practicing Certificate with the Pharmacy & Poison Board of Hong Kong\(^3\) (to be submitted annually)

- ☐ Registration Certificate with other overseas Pharmacy Registration Authorities\(^3\) (if applicable)

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\(^3\) 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.
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 the Department of Pharmacology and Pharmacy, LKS Faculty of Medicine, The University of Hong Kong, L2-55, Laboratory Block, 21 Sassoon 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 Pharmacology and Pharmacy 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 Pharmacology and Pharmacy, LKS Faculty of Medicine, The University of Hong Kong, L2-55, Laboratory Block, 21 Sassoon 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 Advanced Pharmacy

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)

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<th>Analysis and reasoning skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Adequate</th>
<th>Less than adequate</th>
<th>No basis for judgement</th>
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<td>Breadth of professional knowledge</td>
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<td>Verbal/written communication skills</td>
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<td>Learning/working attitude</td>
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<td>Imagination and originality</td>
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<td>Capacity for independent learning</td>
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<td>Intellectual ability overall</td>
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3. Please provide your comments on the following areas:

**Applicant Strengths** (please provide specific examples if available)

________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

**Opportunities for improvement** (please provide specific examples if available)

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

**Overall comments on applicant's suitability for Master of Advanced Pharmacy**

_________________________________________________________________________________________
_________________________________________________________________________________________

4. What is your overall recommendation?

☐ Recommend strongly

☐ Recommend

☐ Neutral

☐ Do not recommend

Signature of referee: __________________________ Date: __________________________

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

Name of referee:

Address of referee:

Please return this form to the Department of Pharmacology and Pharmacy, LKS Faculty of Medicine, The University of Hong Kong, L2-55, Laboratory Block, 21 Sassoon Road, Hong Kong as soon as possible.