

THE UNIVERSITY OF HONG KONG

Postgraduate Diploma in Community Geriatrics

SUPPORTING DOCUMENTS

Please post the following required documents directly to the Department of Family Medicine and Primary Care, 3/F, Ap Lei Chau Clinic, 161 Main Street, Ap Lei Chau, Hong Kong by the application deadline. Your application number should be marked on each document.

Enclosed (Please tick as appropriate.)

☐ Originals or certified true copies of academic transcripts and certificates # (except HKU graduates). You may complete the Transcript Request Forms below and send it to the institute from which the transcript is requested, if applicable.

☐ TOEFL/IELTS/GCE/IGCSE/CPE/GMAT* official score report (if requested).

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). You may bring the **originals** of the documents together with an additional set of their photocopies to the Admissions Office, Room 256, 2/F, Main Building, The University of Hong Kong for verification. The Registry will then forward copies of your verified documents to the relevant Faculty office. 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.**

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

THE UNIVERSITY OF HONG KONG

Transcript Request Form

- I. **To the Applicant:** Applicants who have not attached 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:

Postgraduate Diploma in Community Geriatrics (Part-time)

- 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 Family Medicine and Primary Care
The University of Hong Kong
3/F, Ap Lei Chau Clinic
161, Main Street
Ap Lei Chau
Hong Kong
(Ref.: PDipCommunityGeriatrics)