THE UNIVERSITY OF HONG KONG

Transcript Request Form

Name of Applicant:	in English () in Chinese, if any
	In Emilese, it uny
Dates of Attendance: From	
Title of Degree/Diploma:	Date of Award:
Programme applied for admissi	ion at The University of Hong Kong:
Master of Psychological Medi	icine (Psychosis Studies) chological 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/PCPsyMed)

Application No. :	
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THE UNIVERSITY OF HONG KONG

Master of Psychological Medicine (Psychosis Studies)
Postgraduate Diploma in Psychological Medicine (Psychosis Studies)
Postgraduate Certificate 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. Please quote "MPsyMed/ PDipPsyMed/ PCPsyMed" at the envelope. by the application deadline. 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:

ⁱPlease 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, Rm 256, 2/F, Main Building 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 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 con	npleted by the app	licant)																						
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	(given names):																								
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	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					

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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/ PCPsyMed" at the envelope as soon as possible.