SUPPORTING DOCUMENTS

Please post the following required documents directly to the School of Chinese Medicine, 10 Sassoon Road, Pokfulam, Hong Kong by the application deadline. Your application number should be marked on each document.

Enclosed (Please tick as appropriate.)

(*Remarks: all of the required documents should be issued in English, otherwise the corresponding English version certified/issued by the relevant authorities should be provided as well.)

| ☐ | Original(s) or certified true copy/copies of academic transcript(s). You may complete the Transcript Request Forms below and send it to the institution from which the transcript is requested, if applicable. For those applicants who are in their final year of studies at the time of application, please also submit the testimonial on which the date of enrollment and expected month and year of graduation should be included. |
| ☐ | Duplicate or certified true copy/copies of certificate(s) of academic qualification(s). |
| ☐ | Duplicate or certified true copy/copies of proof of working experience and/or current employment (if appropriate). |
| ☐ | Duplicate or certified true copy/copies of certificate(s) of professional qualification(s) (if appropriate). |
| ☐ | List of publications (if appropriate). |
| ☐ | Completed Transcript Request Form (if 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 City 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.
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 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 Chinese Medicine (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:

   School of Chinese Medicine
   The University of Hong Kong
   10 Sassoon Road
   Pokfulam
   Hong Kong
   [Ref: MChinMed]

Enquiries: (852) 3917 6439/3917 6490