NOTES ON SUBMISSION OF SUPPORTING DOCUMENTS

Please upload the following documents before the application deadline and within four weeks from the date of the creation of your account; or post the documents to the School of Nursing (4/F, William M W Mong Block, 21 Sassoon Road). Your application number should be marked on each document. 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.

☐ Academic certificate and complete transcripts of your undergraduate and postgraduate studies#

☐ Copy of Registered Nurse Licence#

☐ Two academic referee’s reports
  (to be sent directly by the referees or in a sealed envelope signed by the referee)

☐ Statement of proposed research area

☐ Official score report of TOEFL, IELTS, GCE, IGCSE or CPE* (for applicants from institutions outside Hong Kong where the language of instruction and examination is not entirely in English)
  (for applicants from institutions outside HK where the language of instruction and examination is not entirely in English)

☐ Other documents which you would like to bring the attention of the University
  (e.g. list of publications, documentary evidence of academic awards received and professional qualifications, and summary or relevant experience)

* The University will NOT accept any examinee’s score record sheet. Please arrange with the examining organization/institution to send us an official score report.

# 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.**

Documents once submitted will not be returned.

Jan 2019
THE UNIVERSITY OF HONG KONG
LI KA SHING FACULTY OF MEDICINE
SCHOOL OF NURSING

Doctor of Nursing (DNurs)

Transcript Request Form

I. To the Applicant:
Applicant who did not attach his/her 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:

HKU Doctor of Nursing (DNurs) (Full-time/Part-time)*

* Please delete as appropriate

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 one copy of the official transcript together with this form directly to:

DNurs Programme Administrator
School of Nursing
The University of Hong Kong
4/F, William M.W. Mong Block
21 Sassoon Road
Pokfulam, Hong Kong
THE UNIVERSITY OF HONG KONG  
LI KA SHING FACULTY OF MEDICINE  
SCHOOL OF NURSING  

Doctor of Nursing (DNurs)  

**Academic Referee’s Report**  

**Note to applicant:**  
Applicants should complete Section I below, then send one copy of this form to each of two referees with the request that the referee should complete Section II and return the form directly to DNurs Programme Administrator, School of Nursing, The University of Hong Kong, 4/F William M.W. Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong before the application deadline either by post, or by fax to (852) 2872-6079. Alternatively, the referee may return the completed report to applicant in a signed and sealed envelope, and the applicant can send the unopened envelope together with the application documents. 

**Note to referee:**  
The applicant named below is applying for admission to the degree programme indicated. Kindly complete Section II of this report and return it directly to DNurs Programme Administrator, School of Nursing, The University of Hong Kong, 4/F William M.W. Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong before the application deadline either by post, or by fax to (852) 2872-6079. 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 that 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 name):  

Programme applied for:  
HKU Doctor of Nursing (Full-time/Part-time)*  

* Please delete as appropriate.  

**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 as appropriate)  

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Adequate</th>
<th>Less than adequate</th>
<th>No basis for judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powers of analysis and reasoning</td>
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<td></td>
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<tr>
<td>Imagination and originality</td>
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<tr>
<td>Motivation</td>
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<td>Breadth of knowledge</td>
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<td>Skills of writing and argumentation</td>
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<td>Capacity for independent work</td>
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<td>Intellectual ability overall</td>
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</tbody>
</table>
3. Compared with other students you have taught, how would you rate the applicant’s intellectual achievement? (Please tick as appropriate)

<table>
<thead>
<tr>
<th>Top 10%</th>
<th>Next 20%</th>
<th>Next 40%</th>
<th>Next 20%</th>
<th>Bottom 10%</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

4. Please make any further comments as appropriate (e.g. on the research proposal/statement of research interest).

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4. What is your overall recommendation?

- [ ] Recommend enthusiastically
- [ ] Recommend strongly
- [ ] Recommend
- [ ] Recommend with reservation
- [ ] Do not recommend

Signature of referees: ____________________________ Date: __________

Title of referee: [ ] Professor [ ] Dr. [ ] Mr. [ ] Miss [ ] Ms. [ ] Mrs.

Name of referee: ____________________________________________

Contact Tel No.: ____________________________________________

Email address: ____________________________________________

Address of referee: ____________________________________________

Please return this form to DNurs Programme Administrator, School of Nursing, The University of Hong Kong, 4/F William M.W. Mong, 21 Sassoon Road, Pokfulam, Hong Kong as soon as possible.

Nov 2010
March 2019
THE UNIVERSITY OF HONG KONG
LI KA SHING FACULTY OF MEDICINE
SCHOOL OF NURSING

Doctor of Nursing (DNurs)

Statement of Proposed Research Area

This 2,000-word Statement of Proposed Research Area in single-spaces should be about 4 pages.

Applicant Name: 

Proposed Topic / Title of Research:

________________________________________________________________________

________________________________________________________________________