

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 Clinical 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.: MClinPharm)

THE UNIVERSITY OF HONG KONG

Master of Clinical Pharmacy

SUPPORTING DOCUMENTS

Please post the following required documents 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 by the application deadline. Your application number should be marked on each document.

Enclosed (Please tick as appropriate)

- Academic transcripts¹ (Please send the Transcript Request Form along with your transcript application form to the institute from which the transcript is requested, if applicable.)
- Degree Certificates
- Registration Certificate with the Pharmacy & Poison Board of Hong Kong¹
- Annual Practicing Certificate with the Pharmacy & Poison Board of Hong Kong¹ (to be submitted annually)
- Registration Certificate with other overseas Pharmacy Registration Authorities¹ (if appropriate)
- TOEFL/IELTS* official score report¹ (if appropriate)
- List of publications (if appropriate)
- Referee's reports

¹ 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.**

*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 PHARMACOLOGY AND PHARMACY**

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 Clinical 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 as appropriate)

	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					

