NOTES ON SUBMISSION OF SUPPORTING DOCUMENTS

Please upload your supporting documents for our preliminary consideration by logging in [http://www.aal.hku.hk/login.html](http://www.aal.hku.hk/login.html) before the application deadline and within four weeks from the date of the creation of your account; or post the following required documents directly to the School of Nursing, The University of Hong Kong, 4/F., William M.W. Mong Block, 21 Sassoon Road, Hong Kong by the application deadline. 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.

Enclosed (Please tick as appropriate)

- [ ] Originals or certified true copies of academic transcripts# (Please send the Transcript Request Form along with your transcript application form to the institute from which the transcript is requested, if applicable.
- [ ] Certified true copies of Certificate of Registration and valid practising certificate issued by the Nursing Council of Hong Kong.
- [ ] Two academic referee’s reports (to be sent directly by the referees or in a sealed envelope signed by the referee).
- [ ] TOEFL/IELTS* official score report (if requested).
- [ ] 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).

**Documents once submitted will not be returned.**

# 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). Copies of documents may be certified by the appropriate officials of your home institute if you are an overseas applicant.

*Please delete as appropriate. Please note that the University’s TOFEL code is 9671.
I. **To the Applicant:** Please complete the first part of this form and send it to your former/current 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 Nursing (MNurs) in School of Nursing**

II. **To the Officer responsible for issuing transcripts:** The applicant named above has applied for admission to a taught postgraduate programme at The University of Hong Kong. Please send a copy of the official transcript together with this form directly to:

MNurs Programme Administrator
School of Nursing
The University of Hong Kong
4/F., William M.W. Mong Block
21 Sassoon Road
Pokfulam
Hong Kong
(Ref.: MNurs)
Note to applicant:
Applicants should complete Section I below before sending the report to each of the two academic referees you have listed in the application. Ask your referees to complete Section II and return the report directly to MNurs 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 MNurs 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: Master of Nursing in School of Nursing

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?

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Adequate</th>
<th>Less than adequate</th>
<th>No basis for judgement</th>
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<tbody>
<tr>
<td>Powers of analysis and reasoning</td>
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<tr>
<td>Imagination and originality</td>
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<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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</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>
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<tbody>
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</table>

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

5. What is your overall recommendation?

☐ Recommend enthusiastically
☐ Recommend strongly
☐ Recommend
☐ Recommend with reservation
☐ Do not recommend

Signature of referees: ____________________________
Date: ____________________________

Title of referee: ____________________________
Name of referee: ____________________________
Contact Tel No.: ____________________________
Email address: ____________________________
Address of referee: ____________________________

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

Dec 2015