Master of Medical Sciences

[IMPORTANT] MMedSc – Selection of Courses 9(a) & (b)

To: MMedSc applicant,

PLEASE ENSURE THAT THE DETAILS OF THE SELECTED CORE COURSES AND SPECIALISED COURSES ARE CORRECTLY AND APPROPRIATELY COMPLETE, OTHERWISE YOUR APPLICATION CANNOT BE PROCEEDED FURTHER.

Curriculum Structure
The curriculum, requiring a minimum of 69 credit units of prescribed work, includes appropriate topics grouped into core or specialised courses. The programme consists of:

1. 12 credit units of Core Courses;
2. 18 credit units of Specialised Courses;
3. 39 credit units of capstone experience (dissertation).

Students are also required to attend Induction Courses which include (a) Dissertation Writing (7.5 hours); and (b) Clinical Trial and Biostatistics (2.5 hours). In addition, candidates are required to complete web-based learning courses for Responsible Conduct of Research in the CITI Program (Collaborative Institutional Training Initiative at the University of Miami) and pass the course(s) selected.

Please note that candidates are required to select **12 credit units/four Core Courses** (at least one course should be selected from either of the two main sections, i.e., Research Methods and Biological Systems) and **3 choices of Specialised Fields of Study** in priority order [with **18 credit units** of Specialised Courses in each choice] for your application.

As your application will be considered by your prospective affiliated department/school, you are highly recommended to select as far as possible up to 3 Specialised Fields of Study in priority order. Otherwise, your application cannot be proceeded once was rejected by your first/second chosen department/school. Please refer to the website at: [http://www.med.hku.hk/images/document/03edu/taught/mmedsc/curriculum/index.html](http://www.med.hku.hk/images/document/03edu/taught/mmedsc/curriculum/index.html) for the details of the curriculum.
# Master of Medical Sciences

**Illustration on Selection of Core Courses and Specialised Field of Study**

## A. Core Courses

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Units</th>
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<tbody>
<tr>
<td>CMED7100</td>
<td>Introduction to Biostatistics (under Research Methods)</td>
<td>3</td>
</tr>
<tr>
<td>SBMS7100</td>
<td>Practical Bioinformatics (under Research Methods)</td>
<td>3</td>
</tr>
<tr>
<td>PATH6100</td>
<td>Laboratory Methods and Instrumentation (under Research Methods)</td>
<td>3</td>
</tr>
<tr>
<td>MEDI6500</td>
<td>Cell Metabolism (under Biological System)</td>
<td>3</td>
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## B. Specialised Field of Study

### 1st Choice: MICR6100 MEDICAL MICROBIOLOGY

*(offered by Department of Microbiology)*

**Specialised Courses**

- MICR6101 Biosafety and handling of infectious waste 3
- MICR6102 Conventional and molecular techniques in detection and typing of microbial agents 3
- MICR6103 Emerging antimicrobial resistance and antimicrobial chemotherapy 3
- MICR6104 Infection control and hospital epidemiology 3
- MICR6105 Laboratory and clinical interphase in infectious diseases 3
- MICR6106 Virological diagnosis of infectious diseases 3

**Total:** 18

**Student’s affiliated department: Microbiology**

### 2nd Choice: DRAD6201 CLINICAL PHYSICS IN RADIATION ONCOLOGY AND MEDICAL IMAGING

*(offered by Department of Diagnostic Radiology)*

**Specialised Courses**

- DRAD6202 Basic radiological physics and dosimetry* 3
- DRAD6203 Brachytherapy physics 3
- DRAD6204 Health physics with focuses on radiological protection in medical sectors* 3
- DRAD6207 Nuclear medicine sciences 3
- DRAD6208 Physics in medical imaging 3
- DRAD6209 Principles and practice of radiotherapy physics 3

**Total:** 18

**Student’s affiliated department: Diagnostic Radiology**

### 3rd Choice: PHAR6200 CURRENT DEVELOPMENT IN PHARMACOLOGY AND PHARMACEUTICS

*(offered by Department of Pharmacology and Pharmacy)*

**Specialised Courses**

- PHAR6201 Advanced drug delivery and drug development 6
- PHAR6202 Drugs for the treatment of heart and lung diseases 6
- PHAR6203 Vascular biology and therapeutics 6

**Total:** 18

**Student’s affiliated department: Pharmacology and Pharmacy**
NOTES ON SUBMISSION OF SUPPORTING DOCUMENTS

Please post the following documents directly to MMedSc Office, 6/F, William MW Mong Block, 21 Sassoon Road, Hong Kong within four weeks from the date of the creation of your account and before 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. **Uploaded supporting documents or e-copy will NOT be considered.**

Enclosed (Please tick as appropriate.)

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<table>
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<tr>
<td></td>
<td>Transcript (Please send the Transcript Request Form along with your transcript application form to the institute from which the transcript is requested, if applicable.)</td>
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<td>Degree Certificates</td>
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<td>TOEFL/IELTS * official score report (if requested)</td>
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<td>List of publications (if appropriate)</td>
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<td>Reference letter (if appropriate)</td>
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</table>

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 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 Medical Sciences** (FT/PT*)

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

The University of Hong Kong
Li Ka Shing Faculty of Medicine
Faculty Office, 6/F, William M.W. Mong Block
21 Sassoon Road
Hong Kong
(Ref.: MMedSc)
THE UNIVERSITY OF HONG KONG

Personal Information Collection Statement

1. This is a statement to inform you of your rights under the Personal Data (Privacy) Ordinance.

2. Personal information is provided by you as an applicant through the completion of application forms designated for various purposes, e.g. for admission to a programme of study, for an exchange programme, for hall admissions, and for provision of facilities or services. Data collected are used specifically for the purposes prescribed in the application forms and will serve
   a) as a basis for selection of applicants;
   b) as evidence for verification of the applicant’s examination results, academic records and other information; and
   c) where applicable, as part of the applicant's official student records.

In the case of (c) above, information so incorporated into student files will be used for all purposes relating to the student’s studies as required by the relevant regulations and procedures of the University.

3. Personal data will be kept confidential and handled by the University’s staff members. The University may transfer some of the data to an agent or other persons appointed to undertake some of its academic and administrative functions.

4. Under the provisions of the Ordinance, you have the right to request the University to ascertain whether it holds your personal data, to be given a copy, and to apply for correction of the data, if deemed incorrect.

5. Applications for access to and correction of personal data should be made by using a special request form and on payment of a fee. Such applications as well as requests for information should be addressed to the Data Protection Officer, Registry, The University of Hong Kong.

Declaration

1. I have noted the general points pursuant to the Personal Data (Privacy) Ordinance.

2. I authorize the University of Hong Kong to use, check and process my data as required for my application. I accept that all the data in this form and those the University is authorized to obtain will be used for purposes related to the processing and administration of my application in the university context.

3. I authorize The University of Hong Kong to obtain, and the relevant examination authorities, assessment bodies or academic institutions in Hong Kong and elsewhere to release, any and all information about my public examination results, records of studies or professional qualifications, I also authorize the University to use my data in this form for the purpose of obtaining such information.

4. I understand that upon successful application, my data will become a part of my student record and may be used for all purposes as prescribed under relevant rules and regulations as well as attendant procedures, so long as I remain student of this University.

5. I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application.

Signature

Date