INSTRUCTION OF SUBMITTING SUPPORTING DOCUMENTS

Please post the following required documents directly to Department of Psychology, Room 627, 6/F, The Jockey Club Tower, Centennial Campus, The University of Hong Kong, Pokfulam Road, Pokfulam, 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.)

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<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Notes</th>
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<tr>
<td>Complete official transcript of undergraduate studies including HKU graduates (original / certified true copy)</td>
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<td>(You may complete the Transcript Request Form below and send it to the institute from which the transcript is requested, if applicable.)</td>
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<td>- only for applicants with qualification from a university outside Hong Kong where the language of teaching and examination is not in English.</td>
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<td>Research Proposal</td>
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# 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. No photocopies will be accepted.

Please note that the University’s TOFEL code is 9671.
THE UNIVERSITY OF HONG KONG
FACULTY OF SOCIAL SCIENCES

Doctor of Psychology (Clinical Psychology)

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 the 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:

Doctor of Psychology (Clinical Psychology) __________________________ (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 a copy of the official transcript together with this form directly to:

Department of Psychology
Room 627, 6/F, The Jockey Club Tower
Centennial Campus
The University of Hong Kong
Pokfulam Road
Hong Kong
(Ref.: PsyD (Clinical Psychology))
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RESEARCH PROPOSAL

Please provide a typewritten research proposal of no more than 8 pages long (2,000 words). It should be focused, clearly describing your research ideas and the relevant background literature. (use additional sheet if necessary):
**THE UNIVERSITY OF HONG KONG**  
**FACULTY OF SOCIAL SCIENCES**

**Doctor of Psychology (Educational Psychology) Academic/Professional Referee’s Report #1**

**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 complete Section II and return the form directly to the Department of Psychology, The University of Hong Kong, as soon as possible.

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Name of applicant ____________________________  
(in block letters, surname first)

**Section II**

1. How long have you known the applicant? ____________________________  
In what capacity have you known the applicant? ____________________________

2. How would you rate the applicant’s suitability for professional work in educational contexts?  
(Please tick as appropriate)

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4. Compared with other students you have taught, how would you rate the applicant’s intellectual achievement? (Please tick as appropriate)

   Top 10%  Next 20%  Next 40%  Next 20%  Bottom 10%

   _______  _______  _______  _______  _______

5. Please make any further comments as appropriate. (Attach additional paper if necessary)

6. What is your overall recommendation?

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

Signature of referee ____________________________ Date __________________

Name of referee (IN BLOCK LETTERS) Professor/Dr./Mr./Ms* ____________________________

(*Please delete as appropriate)

Position ___________________________________________________

Institution __________________________________________________

Address _____________________________________________________

Email _______________________________________________________

Please return this form to the Admissions Advisor of Doctor of Psychology (Educational Psychology), Department of Psychology, Room 627, 6/F, The Jockey Club Tower, Centennial Campus, The University of Hong Kong, Pokfulam Road, Hong Kong as soon as possible.
THE UNIVERSITY OF HONG KONG
FACULTY OF SOCIAL SCIENCES

Doctor of Psychology (Educational Psychology) Academic/Professional Referee’s Report #2

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Note to referee: The applicant named is applying for admission to the degree programme indicated. Kindly complete Section II of this report and return it directly to the Admissions Advisor of the Doctor of Psychology (Educational Psychology), Department of Psychology, The University of Hong Kong, Pokfulam Road, Hong Kong as soon as possible. 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.

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6. What is your overall recommendation?

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- Recommend strongly
- Recommend
- Recommend with reservation
- Do not recommend

Signature of referee ___________________________ Date ___________________________

Name of referee (IN BLOCK LETTERS) Professor/Dr./Mr./Ms* ___________________________

(*Please delete as appropriate)

Position

Institution

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