SUPPORTING DOCUMENTS

Please post the following required documents directly to the School of Chinese Medicine, 10 Sassoon Road, Pokfulam, Hong Kong by the application deadline. Your application number should be marked on each document.

Enclosed (Please tick as appropriate.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Original(s) or certified true copy/copies of academic transcript(s)#. You may complete the Transcript Request Forms below and send it to the institution from which the transcript is requested, if applicable.</td>
</tr>
<tr>
<td></td>
<td>Duplicate or certified true copy/copies of certificate(s) of academic qualification(s).</td>
</tr>
<tr>
<td></td>
<td>Duplicate or certified true copy/copies of proof of working experience and/or current employment (if appropriate).</td>
</tr>
<tr>
<td></td>
<td>Duplicate or certified true copy/copies of certificate(s) of professional qualification(s) (if appropriate).</td>
</tr>
<tr>
<td></td>
<td>List of publications (if appropriate).</td>
</tr>
<tr>
<td></td>
<td>Completed Transcript Request Form (if appropriate).</td>
</tr>
</tbody>
</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 City District Office in Hong Kong). Copies of documents may be certified by the appropriate officials of your home institution if you are an overseas applicant. **No photocopies will be accepted.**
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 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 Science in Chinese Medicines (Part-time)

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:

School of Chinese Medicine
The University of Hong Kong
10 Sassoon Road
Pokfulam
Hong Kong
(Ref: MScChinMeds)