NOTES ON SUBMISSION OF SUPPORTING DOCUMENTS

Please post the following documents before the application deadline and within four weeks from the date of the creation of your account directly to the (School of Nursing, 4/F, William M W Mong Block, 21 Sassoon Road). 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.

☐ Application Form

☐ Proof of payment of application fee (local applicant) or bank draft (non-local applicant)
  Bank draft no.: ______________________

☐ Academic certificate and complete transcripts of your undergraduate and postgraduate studies#

☐ Copy of Registered Nurse Licence#

☐ Two academic referee’s reports
  (to be sent directly by the referees or in a sealed envelope signed by the referee)

☐ Statement of proposed research area

☐ Official score report of TOEFL, IELTS, GCE, IGCSE or CPE*
  (for applicants from institutions outside HK where the language of instruction and examination is not entirely in English)

☐ 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)

* The University will NOT accept any examinee’s score record sheet. Please arrange with the examining organization/institution to send us an official score report.

# Note: 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.

Documents once submitted will not be returned.

Dec 2016
I. To the Applicant:
Applicant 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/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 Nursing (DNurs) in School of Nursing

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

  DNurs Programme Administrator
  School of Nursing
  The University of Hong Kong
  4/F, William M.W. Mong Block
  21 Sassoon Road
  Pokfulam, Hong Kong
THE UNIVERSITY OF HONG KONG
LI KA SHING FACULTY OF MEDICINE
SCHOOL OF NURSING

Doctor of Nursing (DNurs)

Academic Referee’s Report

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 should complete Section II and return the form directly to DNurs 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 DNurs 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: Doctor of Nursing in the 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></th>
<th>Excellent</th>
<th>Good</th>
<th>Adequate</th>
<th>Less than adequate</th>
<th>No basis for judgement</th>
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<td>Powers of analysis and reasoning</td>
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3. Compared with other students you have taught, how would you rate the applicant’s intellectual achievement? (Please tick as appropriate)

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<th>Next 20%</th>
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</table>

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

4. What is your overall recommendation?

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

Signature of referees: __________________________ Date: ____________

Title of referee: [ ] Professor [ ] Dr. [ ] Mr. [ ] Miss [ ] Ms. [ ] Mrs.

Name of referee: ____________________________________________

Contact Tel No.: ____________________________________________

Email address: ______________________________________________

Address of referee: __________________________________________

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

Nov 2010
THE UNIVERSITY OF HONG KONG  
LI KA SHING FACULTY OF MEDICINE  
SCHOOL OF NURSING  

Doctor of Nursing (DNurs)  

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Signature of referees: ___________________________ Date: __________

Title of referee: ___________________________

Name of referee: ___________________________

Contact Tel No.: ___________________________

Email address: ___________________________

Address of referee: ___________________________

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

Nov 2010
This 2,000-word Statement of Proposed Research Area in single-spaces should be about 4 pages.

Applicant Name: 

Proposed Topic / Title of Research: 

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