

**THE UNIVERSITY OF HONG KONG
LKS FACULTY OF MEDICINE
SCHOOL OF NURSING**

**Application for Admission to the
Master of Science in Nursing**

NOTES ON SUBMISSION OF SUPPORTING DOCUMENTS

Please upload the following documents before the application deadline and **within four weeks from the date of the creation of your account**; AND post the certified true copies of your documents to the School of Nursing (5/F, Academic Building, 3 Sassoon Road, Pokfulam). 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)

- Certified true copies of HKID
- Bachelor degree certificate
- 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 results of public examinations
(e.g. HKDSE, HKCEE, HKAL)
- Official score report of TOEFL, IELTS, GCE, IGCSE or CPE*
(for applicants from institutions outside Hong Kong where the language of instruction and examination is not entirely in English)
- Two academic referee's reports
(to be sent directly by the referees or in a sealed envelope signed by the referee)
- 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 **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.**

^{*} 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.

Documents once submitted will not be returned.

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Master of Science in Nursing

Transcript Request Form

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 Science in Nursing (MSc(Nurs))

** Please delete as appropriate.*

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:

MSc(Nurs) Programme Office
School of Nursing
The University of Hong Kong
5/F, Academic Building 3 Sassoon Road
Pokfulam, Hong Kong

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Master of Science in Nursing

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 MSc(Nurs) Programme Office, School of Nursing, The University of Hong Kong, 5/F, Academic Building, 3 Sassoon Road, Pokfulam, Hong Kong before the application deadline either by post, or email at msc.nursing@hku.hk. 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 MSc(Nurs) Programme Office, School of Nursing, The University of Hong Kong, 5/F, Academic Building, 3 Sassoon Road, Pokfulam, Hong Kong before the application deadline either by post, or email at msc.nursing@hku.hk. 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)

(First name)

Programme applied for: Master of Science in 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?
(Please tick as appropriate)

| | Excellent | Good | Adequate | Less than adequate | No basis for judgement |
|-------------------------------------|-----------|------|----------|--------------------|------------------------|
| Powers of analysis and reasoning | | | | | |
| Imagination and originality | | | | | |
| Motivation | | | | | |
| Breadth of knowledge | | | | | |
| Skills of writing and argumentation | | | | | |
| Capacity for independent work | | | | | |
| Intellectual ability overall | | | | | |

3. 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% |
|---------|----------|----------|----------|------------|
| | | | | |

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 referee: _____

Date: _____

Title of referee:

Professor
 Dr
 Mr
 Miss
 Ms
 Mrs

Name of referee: _____

Position held: _____

Contact tel no.: _____

Email address: _____

Please return this form to MSc(Nurs) Programme Office, School of Nursing, The University of Hong Kong, 5/F, Academic Building, 3 Sassoon Road, Pokfulam, Hong Kong as soon as possible.