**THE UNIVERSITY OF HONG KONG**

CONFIDENTIAL

**LKS FACULTY OF MEDICINE**

**SCHOOL OF NURSING**

**Application for Admission to the**

**Master of Science in Nursing**

**Confidential Report by a Referee**

(The report can be provided by an academic referee or supervisor of your work.)

**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](mailto: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. Please 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](mailto: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)

|  |  |  |
| --- | --- | --- |
|  | How long have you known the applicant? |  |
|  |  |  |
|  | In what capacity have you known the applicant? |  |
|  |  |  |
|  | 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 |  |  |  |  |  |

1. 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% |
|  |  |  |  |  |

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

|  |
| --- |
|  |

1. 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.**