

**THE UNIVERSITY OF HONG KONG
LI KA SHING FACULTY OF MEDICINE**

**Doctor of Medicine (MD)
Master of Surgery (MS)**

APPLICATION FOR ADMISSION

The applicant should complete Section A and return the form to the HKU Li Ka Shing Faculty of Medicine, 6/F, William MW Mong Block, 21 Sassoon Road, Hong Kong, together with (1) supporting documents and (2) the receipted pay-in-slip covering the application fee of HK\$150 (non-refundable and subject to change) paid in cash to any branch of the Hong Kong and Shanghai Banking Corporation Ltd. An applicant who is overseas should pay by a Hong Kong dollar bank draft drawn on a bank in Hong Kong, or by a Hong Kong dollar cheque payable in Hong Kong, which must be crossed and drawn in favour of “*The University of Hong Kong*”. An acknowledgement card is issued on receipt of the application.

Copies of the Regulations for the degrees of MD and MS are available at www.med.hku.hk [Teaching and Learning > Postgraduate studies > Research postgraduate programmes > Doctor of Medicine (MD) and Master of Surgery (MS)].

SECTION A

(TO BE COMPLETED BY THE APPLICANT)

1. I hereby apply to register as a candidate for the degree of MD MS

The information provided by me in support of this application is accurate and complete. If offered admission I understand that my registration will be subject to the MD/MS regulations.

Date: _____ Signature: _____

2. PERSONAL INFORMATION

Professor / Dr (*delete as appropriate*) _____
Surname Given names

Alias (e.g. married or maiden name) (*where applicable*): _____

Name in Chinese characters (*if any*): _____

H.K.U. No.: _____ Date of birth: _____
(if applicable) Day / Month / Year

H.K.I.D. Card No./Passport No. (*delete as appropriate*): _____ Sex: _____

Address for correspondence: _____

Telephone: _____ (Office) _____ (Home) Fax: _____

E-mail address: _____

3. ACADEMIC AND PROFESSIONAL QUALIFICATIONS*

(Officially certified diplomas/transcripts must be provided, except for degree studies undertaken in the University of Hong Kong.)

Degrees or other qualifications	Awarding Institution	Date of Award
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Applicants for registration as MS candidates should note that a fellowship of one of the Royal Colleges or of the American College of Surgeons or a diploma of an American Specialty Board may be accepted as evidence of adequate training, but not necessarily of experience.

4. APPOINTMENTS HELD SINCE GRADUATION (including current appointment)

5. PROPOSED CANDIDATURE

(Notes:

- a. Attach a plan of the study and an outline of the proposed subject matter of your thesis. Please consult the proposed Supervisor and Head of the Department of Medicine/Surgery, and, where appropriate, the Professor of the subject concerned before you submit this application. The plan of study must be presented in adequate detail for approval by the proposed Supervisor and Head of the Department of Medicine/Surgery and where appropriate, the Professor of the subject concerned.
- b. The area of study must be well delineated and of relevance to medical practice. It can be clinical and/or laboratory-orientated research.
- c. Registration date will be the first day of any month of the year.)

Field of study: _____

Proposed thesis title (if known):

Proposed Supervisor: _____

Preferred date of registration: _____

6. SUPPORTING DOCUMENTS

I attach the following documents in support of my application:

- _____ diplomas/transcripts
- Outline of proposed subject matter of thesis
- A plan of the study
- Summary of relevant experience
- List of publications and titles of theses (with dates)

Date: _____ Signature: _____

Applicant

OFFICE USE ONLY

Secretary, Li Ka Shing Faculty of Medicine

This applicant is *prima facie* eligible for admission under M28(a) and (b)/M36(a) and (b).

Other comments:

Date: _____

Signature: _____
for Registrar

SECTION B

(Sub-section I or II to be completed by the Head of the Department of Medicine/Surgery and the Professor of the subject concerned, as appropriate)

To: (1) Head, Department of Medicine/Surgery (2) Professor of _____
(where appropriate)

From: Faculty Secretary

Date: _____

Please complete the appropriate part of Section B and return this form to me.

I/We recommend that the applicant be admitted, and that he/she be registered from (date) _____ if possible. The Supervisor of the candidate will be _____, who has given consent to serve.

I/We recommend that the field of study be as proposed by the applicant in 5 of Section A
OR

Having consulted the applicant, I/we recommend that the field of study be defined as follows:

I/We recommend that this applicant be *not* accepted, for reasons given below:

Date: _____

Signature: _____
Head, Department of Medicine/Surgery

Date: _____

Signature: _____
Professor of

Date: _____

Signature: _____
Supervisor