M.79 / 321

**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 listed in item 6 and (2) the proof of payment of the application fee. Local applicants: Please deposit the amount of HK$150 to any branch of HSBC (account no.: 002-222834-014 (Ref: 4001)) or transfer the amount to the account using an ATM machine or via e-banking. Overseas applicants: Please pay by bank draft of HK$150 or US$20 payable to “The University of Hong Kong”. The application fee of HK$150 is non-refundable and subject to change. *[Note: Please write your full name on the back of the pay-in-slip or bank draft for identification purposes. Cash will NOT be accepted.]*

Copies of the Regulations for the degrees of MD and MS are available at [www.med.hku.hk](http://www.med.hku.hk) [[Teaching and Learning > Postgraduate studies > Research postgraduate programmes > Doctor of Medicine (MD) and Master of Surgery (MS)].](https://www.med.hku.hk/en/teaching-and-learning/postgraduate-studies/research-postgraduate-programmes/doctor-of-medicine-and-master-of-surgery)

# SECTION A

**(TO BE COMPLETED BY THE APPLICANT)**

***Please consult the proposed Supervisor and Head of the Department of Medicine/Surgery before submission.***

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 *(if any):* |  |
| HKU Student No. *(if applicable)* :  |  | Date of Birth:  |  |
| HKID. Card No./Passport No. *(delete as appropriate):*  |  | Sex: |  |
| Address for correspondence: |  |
| Telephone:  |  | (Office)  |  |  | (Home) |
| E-mail address: |  |

**3. ACADEMIC AND PROFESSIONAL QUALIFICATIONS\***

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degrees or other qualifications |  | Awarding Institution |  | Date of Award |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*Please add row(s) if necessary*

\*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)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position |  | Organization |  | Period of appointment |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 *\*Please add row(s) if necessary*

**5. PROPOSED CANDIDATURE**

 Notes:

1. The field of study must be well delineated and of relevance to medical practice. It can be clinical and/or laboratory-orientated research.
2. Attach a plan of the study and an outline of the proposed subject matter of your thesis.
3. The plan of study must be presented in adequate detail for approval by the proposed Supervisor and Head of the Department of Medicine/Surgery.
4. 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:

|  |
| --- |
|[ ]  Copy of diplomas and transcripts (For non-HKU graduates, officially certified copy is required) |
|[ ]  A plan of the study  |
|[ ]  Outline of proposed subject matter of thesis  |
|[ ]  Research proposal including background, methodology, outcomes and value, and references  |
|[ ]  CV including summary of relevant experience |
|[ ]  List of publications and titles of theses (with dates) |

[ ]  I confirm that I have consulted the Head of the Department of Medicine/Surgery on my application and their preliminary support have been sought.

[ ]  I agree with the [Personal Information Collection Statement](http://www.ase.hku.hk/doc/PICS_159_716.pdf).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Signature: |  |
|  |  |  |  | Applicant |
| Date: |  |  | Signature: |  |
|  |  |  |  | Proposed Supervisor |

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| SECTION B (FOR FACULTY OFFICE’S USE ONLY) |

*(To be completed by the Head of the Department of Medicine/Surgery)*

|  |  |
| --- | --- |
| To: | Head, Department of Medicine/ Surgery |
| From: | Faculty Office  |  | Date: |  |

**Please complete the appropriate part of Section B and return this form to the Faculty Office.**

[ ]  I recommend that the applicant be admitted under the supervision of the proposed

supervisor, and that he/she be registered from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) if possible.

[ ]  I recommend that the field of study be as proposed by the applicant in 5 of Section A

 OR

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

|  |
| --- |
|  |
|  |

 **OR**

[ ]  I recommend that this applicant ***not*** be accepted, for the following reasons:

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| --- | --- | --- | --- | --- |
| Date: |  |  | Signature: |  |
|  |  |  |  | Head, Department of Medicine/Surgery |