



**D. Undergraduate/Postgraduate Academic Qualifications** \_\_\_\_\_ / \_\_\_\_\_

Part I. Qualifications Obtained (in reverse chronological order) \_\_\_\_\_ )

Month/Year /		Title of Award (Please specify field of study)	Classification of Award/GPA /	Academic Institution		Month/Year of Award /	Language of Teaching of the Institution
From	To			Country	Name		

Part II. Current Studies (Please complete this section if you are currently enrolled in a programme.)

( \_\_\_\_\_ )

Start Date	Title of Programme	Academic Institution		Year of study (1st study year, 2 <sup>nd</sup> study year) ( _____ , _____ )	Expected Month/Year of Award /	Language of Teaching of the Institution
		Country	Name			

**E. Professional Qualifications Obtained** (in reverse chronological order) \_\_\_\_\_

Name of Awarding Institution (Country) ( _____ )	Professional Qualification (Please state types of membership/means of attainment e.g. by examination, by election, etc) ( _____ )	Year of Award

**F. Working Experience** (in reverse chronological order) \_\_\_\_\_ ( \_\_\_\_\_ )

Month/Year /		Full-time/ Part-time /	Name of Organization	Post	Duties
From	To				

**G. Results of English Language Tests Taken** \_\_\_\_\_ )

Name of Test	Score	Date of Test	
		Month	Year

**H. List of Publications**

1. Please list your publication record clearly with the details specified and write down the number of publications in the space provided. If you need to use separate sheets to provide the details, please follow the same format as given below.

事

2. Applicants are requested to indicate whether their journal article(s) are listed under the SCI - Science Citation Index. If so, applicants should also indicate (a) the category the journal falls under (e.g. materials engineering) and (b) the ranking of the journal in the said category (e.g. 2 out of 15)

SCI

15

<u>Name of Author(s)</u> _____	<u>Title of Publication</u> _____	<u>Name of Journal/Publisher/Conference</u> _____/_____/_____ —	<u>Published/ Accepted for Publication</u> _____/_____ —	<u>Month/Year (to be) Published</u> _____ _____ _____/_____	<u>*SCI/SSCI Listed (Yes/No/N/A)</u> _____ <u>SCI/SSCI</u> ____/_____ _____/_____
<b>Book Chapters</b> 之 (Total no. : _____ )					
<b>Journal Articles</b> (Total no. : _____ )					
<b>Conference Papers</b> (Total no. : _____ )					
<b>Others</b> (Total no. : _____ )					

**I. Academic Referees** \_\_\_\_\_

Please give names and contact addresses of two persons who have consented to act as your academic referees. Please note that the proposed supervisor and persons from non-academic circles are normally not acceptable as referees.

Name	Position	Name and Address of Institution
------	----------	---------------------------------

1.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Application Number (for office use)



**CONFIDENTIAL**

**Chow Yei Ching School of Graduate Studies**

**S f g f f ! S f ! G**  
**事**

(To be mailed or faxed by the referee directly to the address noted in the box below.)  
 ( \_\_\_\_\_ )

**Notes to the Applicant \_\_\_\_\_ :**

- The applicant should complete Part A below, and send this form to a referee for completion of Part B.
- \_\_\_\_\_ A \_\_\_\_\_ B supervisor and individuals from non-academic circles are normally not acceptable as referees.

**Notes to the Referee \_\_\_\_\_ :**

- Please complete Part B of this form in English and return it directly to the Chow Yei Ching School of Graduate Studies by mail, by email or by fax \_\_\_\_\_ B \_\_\_\_\_ 事  
 Chow Yei Ching School of Graduate Studies  
 City University of Hong Kong  
 Tat Chee Avenue  
 Kowloon, Hong Kong  
 Email: [sg@cityu.edu.hk](mailto:sg@cityu.edu.hk)  
 Fax No.: (852) 3442-0332

admissions process, before the data are destroyed. \_\_\_\_\_ after the

**Part A To be completed by the Applicant** ( \* please delete as appropriate )

Name of the Applicant : \*Mr/Ms \_\_\_\_\_ (Surname first and in BLOCK letters )  
 Programme Applied For : Joint PhD Programme offered by CityU  
 Home University : \_\_\_\_\_  
 Research Area : \_\_\_\_\_

**Part B To be completed by the Referee** ( \* please delete as appropriate )

Name of the Referee : \*Prof/Dr/Mr/Ms \_\_\_\_\_  
 (Surname first and in BLOCK letters )

Position : \_\_\_\_\_

Institution & Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email Address : \_\_\_\_\_

Telephone No .: \_\_\_\_\_ Fax No .: \_\_\_\_\_

**Part B To be completed by the Referee (Cont'd)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Application Number (for office use)

**B db !Ob f** : \_\_\_\_\_

1. How long and in what capacity have you known the applicant? ↑

\_\_\_\_\_

2. Please give your comments on the applicant. (Please tick as appropriate)

**Item**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Application Number (for office use)



**CONFIDENTIAL**

**Chow Yei Ching School of Graduate Studies**

**S f g f f ! S f ! G**  
**事**

(To be mailed or faxed by the referee directly to the address noted in the box below.)  
 ( \_\_\_\_\_ )

**Notes to the Applicant \_\_\_\_\_ :**

- The applicant should complete Part A below, and send this form to a referee for completion of Part B.
- Please note that an \_\_\_\_\_ -academic circles are normally not acceptable as referees.

**Notes to the Referee \_\_\_\_\_ :**

- Please complete Part B of this form in English and return it directly to the Chow Yei Ching School of Graduate Studies by mail, by email or by fax \_\_\_\_\_  
 Chow Yei Ching School of Graduate Studies  
 City University of Hong Kong  
 Tat Chee Avenue  
 Kowloon, Hong Kong  
 Email: [sg@cityu.edu.hk](mailto:sg@cityu.edu.hk)  
 Fax No.: (852) 3442-0332

admissions process, before the data are destroyed. \_\_\_\_\_ after the

**Part A To be completed by the Applicant** (\* please delete as appropriate \_\_\_\_\_ )

Name of the Applicant : \*Mr/Ms \_\_\_\_\_ (Surname first and in BLOCK letters \_\_\_\_\_ )  
 Programme Applied For : Joint PhD Programme offered by CityU  
 Home University : \_\_\_\_\_  
 Research Area : \_\_\_\_\_

**Part B To be completed by the Referee** (\* please delete as appropriate \_\_\_\_\_ )

Name of the Referee : \*Prof/Dr/Mr/Ms \_\_\_\_\_  
 (Surname first and in BLOCK letters \_\_\_\_\_ )

Position : \_\_\_\_\_

Institution & Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email Address : \_\_\_\_\_

Telephone No .: \_\_\_\_\_ Fax No .: \_\_\_\_\_

