

Chow Yei Ching School of Graduate Studies Research Degree and Professional Doctorate Programmes 4/F, Fong Yun-wah Building, Tat Chee Avenue, Kowloon, Hong Kong

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| Application No. (for office use) | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|

CONFIDENTIAL

Chow Yei Ching School of Graduate Studies Referee's Report Form

(To be mailed or faxed by the referee <u>directly</u> to the address noted in the box below.)

Notes to the Applicant:

- Please complete Part A below, and send this form to a referee for completion of Part B.
- You are required to nominate two referees and at least one of them should preferably be an academic referee (an applicant's proposed supervisor is normally not acceptable as a referee).

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

Fax No.: (852) 3442-0332

• In accordance with the Personal Data (Privacy) Ordinance, applicants can request access to their referee's reports during and after the admissions process, before the data are destroyed.

| 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: <u>Doctor of Business Administration (DBA) (part-time)</u> | |
| Department: College of Business | |
| Proposed Research Area for the Thesis: | |
| Part B To be completed by the Referee (*please delete as appropriate) | |
| Name of the Referee: *Prof/Mr/Mrs/Ms | |
| (Surname first and in BLOCK letters) | |
| Position: | |
| Company/ Institution: | |
| Company/ Institution Address: | |
| Telephone No: Fax No: | |

| , | Ap | plica | tion | No. | (for | offic | e use | e) | |
|---|----|-------|------|-----|------|-------|-------|----|--|

| Part B | To be completed by the l | Referee (Con' | <u>d)</u> | | | | |
|--------------|--|--------------------|------------------------|-------------------|--------------------|--------------------|---------------------|
| . App | olicant's Name: | | | | | | |
| . How | v long and in what capacity h | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 8. Plea | se give an assessment of the | applicant's su | itability for purs | suing the DBA s | study. (Please tic | :k as appropriate) | |
| | Item | Excellent (top 5%) | Very Good (top 15%) | Good (top 25%) | Average | Below Average | Unable to Assess |
| Pro | ofessional achievements | | | | | | |
| pro | nowledge in his/her ofessional field | | | | | | |
| | pacity to undertake vanced independent work | | | | | | |
| En | glish proficiency | | | | | | |
| An | nalytical abilities | _ | | | | | |
| | pacity for original nking | | | | | | |
| 4. Plea stud | ase give any other comments | that you think | will be of assist | ance in assessin | ng the suitability | of the applican | at for the DBA |
| . Wha | Recommended | _ | tick as appropri | ate) | | | |
| | tand that in accordance with for access both during and af | | | | | re subject to the | applicant's |
| Signatur | re of the Referee: | | | D | Oate: | | |

Thank you for your help.