Chow Yei Ching School of Graduate Studies
Referee’s Report Form
(To be mailed or faxed by the referee directly 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.
- Please note that an applicant’s proposed supervisor and individuals from non-academic circles are normally not acceptable as academic 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
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: Engineering Doctorate Programme

Department: ____________________________________________________________

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: ________________________________________________________________

Institution: ______________________________________________________________

Institution Address: _______________________________________________________

Telephone No: __________________ Fax No: ____________________________
1. Applicant’s Name: ____________________________________________________

2. How long and in what capacity have you known the applicant?
________________________________________________________________________
________________________________________________________________________

3. Please give an assessment of the applicant’s suitability for pursuing the EngD study. (Please tick as appropriate)

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<tr>
<th>Item</th>
<th>Excellent (top 5%)</th>
<th>Very Good (top 15%)</th>
<th>Good (top 25%)</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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<tbody>
<tr>
<td>Professional achievements</td>
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<td>Knowledge in his/her professional field</td>
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<td>Capacity to undertake advanced independent work</td>
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<td>English proficiency</td>
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<td>Analytical abilities</td>
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<td>Capacity for original thinking</td>
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4. Please give any other comments that you think will be of assistance in assessing the suitability of the applicant for the EngD study.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. What is your overall recommendation? (please tick as appropriate)

☐ Highly recommended
☐ Recommended
☐ Not recommended

I understand that in accordance with the Personal Data (Privacy) Ordinance, the above comments are subject to the applicant’s request for access both during and after the admissions process, before the data are destroyed.

Signature of the Referee: ________________________________ Date: __________________________

Thank you for your help.