Chow Yei Ching School of Graduate Studies
Referee’s Report Form
(To be sent by the referee directly to the address noted in the box below.)

Notes to applicant:
• This form is not applicable to candidates applying for the Hong Kong PhD Fellowship Scheme. If you are applying for the Scheme, please use “HKPFS Referee’s Report” form which is available at http://www.sgs.cityu.edu.hk/prospective/download.
• 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 or co-supervisor, and individuals from non-academic circles are normally not acceptable as referees.

Notes to 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/Miss

Surname (in BLOCK Letters) Given Name

Programme Applied For: MPhil □  PhD □  (Please tick one only)

Department/School: _________________________________________________________________

Proposed Research Area: ____________________________________________________________

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

Name of the Referee: *Professor / Dr. 

Surname (in BLOCK Letters) Given Name

Position: __________________________________________________________

Name of Academic Institution/Research Institute: ________________________________________

Address: _________________________________________________________

Email Address: __________________________________________________________

Telephone No.: ___________________________  Fax No.: ___________________________
Part B  To be completed by the Referee (Cont’d)  

Application No./Dept:  

Applicant’s Name:  

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

_________________________________________________________________________________________________  

2. Please give an assessment of the applicant’s suitability for pursuing research degree studies. (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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<td>Academic achievements</td>
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<td>Knowledge in the proposed research area</td>
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<td>Capacity to undertake independent research studies</td>
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<td>English proficiency</td>
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<td>Chinese proficiency, if applicable</td>
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<td>Analytical abilities</td>
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<td>Capacity for original thinking</td>
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<td>Motivation to pursue research studies</td>
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</table>

3. Please comment on the applicant’s research ability and potential, and his/her research proposal, if applicable.  

_________________________________________________________________________________________________  

_________________________________________________________________________________________________  

_________________________________________________________________________________________________  

4. Please give any other comments that you think will be of assistance in assessing the suitability of the applicant for research degree studies.  

_________________________________________________________________________________________________  

_________________________________________________________________________________________________  

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