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| **FOR UNIVERSITY USE ONLY** | |
| Application No. |  |
| Date of receipt |  |

**Confidential Recommendation**

Notes:

1. Please do not return the recommendation to the applicant.

2. This recommendation should be sent directly to ***msw@hksyu.edu*** or in a sealed envelope to the ***MSW Admission Officer, Department of Social Work, Hong Kong Shue Yan University, 10 Wai Tsui Crescent, Braemar Hill Road, North Point, Hong Kong***.

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| **Part A.** (To be completed by the Applicant) | | |
| **Name of Applicant** | (In Chinese) | (In English) |
| **Mode of Study** | Full-time | * Part-time |
| **Programme** | **Master of Social Work (MSW)** | |
| **Address of the Programme** | Department of Social Work Hong Kong Shue Yan University  10 Wai Tsui Crescent, Braemar Hill Road North Point, Hong Kong | |
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| **Part B** (To be completed by the **Referee**) | | |
| 1. How long and in what capacity have you known the applicant? | | |
| 2. What is your opinion of the applicant’s potential for a career in the chosen field of study? What do you consider the applicant's strength(s) and weakness(es)? | | |
| 3. Please rank the applicant in the following characteristics compared to other students or employees you have known in similar capacities.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Characteristics** | Outstanding (Top 5%) | Excellent  (Top 15%) | Good  (Top Third) | Average | Below Average | No basis for judgment | | Analytical and Reasoning |  |  |  |  |  |  | | English Proficiency (Oral) |  |  |  |  |  |  | | English Proficiency (Written) |  |  |  |  |  |  | | Chinese Proficiency |  |  |  |  |  |  | | Emotional Maturity |  |  |  |  |  |  | | Initiative |  |  |  |  |  |  | | Motivation & Perseverance |  |  |  |  |  |  | | Capacity for Independent Work |  |  |  |  |  |  | | | |

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| 4. Please add any comments you think will assist in assessing the applicant. A separate sheet may be appended if necessary. | | |
| 1. Would you recommend the applicant to pursue the postgraduate programme as stated in Part A? (Please tick as appropriate.)    * Highly Recommended    * Recommended    * Not Recommended | | |
| Name |  | Signature |
| Position |  | Date |
| Tel |  | Email |
| Institution/ Company |  | |