



The Chinese University of Hong Kong
 Summer Institute 2021
 School Recommendation Form for Merit Awards

Mainland (Gaokao)

PART I – APPLICANT INFORMATION (To be completed by the applicant)

To the applicant: Please complete Part I and present this form to your school principal or his/her delegate.

Name of Applicant: _____
 (Family Name) (First Name) (Middle Name) (Chinese, if applicable)

SI Application No.: _____ Contact Phone No.: _____
 (SI21xxxxx)

Name of School: _____
 (English) (Chinese, if applicable)

School Address: _____
 (Street) (City) (State) (Country)

Class Attending / Year of Study: _____ Student ID No.: _____
 (If any, in school)

PART II – APPRAISAL OF THE APPLICANT (To be completed by School Principal or his/her delegate)

To the Principal (or his/her delegate): The student named above is applying to the Chinese University of Hong Kong (CUHK) Summer Institute (SI) 2021 and the SI Merit Award for outstanding students (in the form of fee reduction). The SI is a credit-bearing programme bringing together enthusiastic learners from secondary schools to explore different academic fields and prepare them for future study at CUHK. Students will take one to two courses and earn a maximum of two credits which may count towards their undergraduate studies at CUHK in the future.*

We sincerely appreciate your willingness to complete this recommendation form thoughtfully and candidly. Be assured that all information you provided are strictly confidential and will be used for the admission process of the SI only.

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

2. Academic performance of the applicant in relation to other students in the same age group

(Please check one box in each row and specify the elective areas of study in the blanks)

	Excellent (Top 3%)	Good (Top 10%)	Average	Below Average	Uncertain
First Term of 2020-21					
Chinese Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best Elective 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best Elective 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best Elective 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Term of 2019-20					
Chinese Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best Elective 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best Elective 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best Elective 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Exception applies to some programmes.

3. Your Recommendation

a. Comment, evaluations and information that you would like to provide about the applicant

(Please feel free to attach a letter or other documentation)

b. Based on the academic performance and qualities mentioned above, I recommend the applicant

Enthusiastically Strongly Moderately With Reservation *(Please check the appropriate box)*

(Signature) (Printed Name) (Date)

(Position) (School Name)

We may need to contact you for additional information about the applicant. If you consent us to do so, please provide your contact information below:

() (Phone Number) (Email Address)

Please upload the scanned copy of the completed form to the Office of Academic Links of the Chinese University of Hong Kong at <https://cloud.itsc.cuhk.edu.hk/webform/view.php?id=4388492>
on or before 10 May 2021.

Thank you for your time. For enquiry, please call us on (852) 3943-1827 or email to si@cuhk.edu.hk.