

For Self-Financed Programme

in the Faculty of Medicine

**Job Request Form** 



## Grading & Stat Reporting Services by Office of Educational Services

## Part A: Job Requisition

Prof./Dr./Mr./Ms.	Surname	Given Name	(Please fill in BLOCK Letter)			
Requested By:			Telephone No.:			
Department:			Email Address:			
Endorsed By:						
			Date Sent:	_ D/	M /	Y
(Chairman of Departm	nent / Head of Unit)		Date Required :	D/	M /	Y

## Part B: Programme Information, Service Description of Service & Charges

Title of Programme:					
Name of Programme Director:					
Service Description: Please ☑ the following box(es) if appropriate.					
1. Grade recommendation by university guideline					
2. Summary statistics					
3. □ Quartile ranking					
4. $\square$ Normalization of exam components					
5. Other requests – Please specify:					
Enquiries: Dr W S Chan, Office of Educational Services 🖀 2145-5234 🖃 wschan@cuhk.edu.hk					
Charges:					
Man hour: \$205 per hour (minimum charge is \$205)					
For Official Use (to be completed by OES):	Company Code:				
Man Hour(s):	Cost Centre:				
	Account Code:				
Total [\$205 x hour(s)]	\$				

Please mail the completed form to Dr W S Chan, Office of Educational Services, 9A, Block B, Staff Qtrs., Prince of Wales Hospital. Thank you.