

To : Professor SW Cheung
Director – Asia Pacific Services, Warwick Manufacturing Group
University of Warwick
G. P.O. Box 892, Central
Hong Kong

From : _____

Student Name: _____

Name of University: _____

Department: _____

No. of students in class: _____

Average result of student: _____ (over the degree course)

Ranking of the student in class: _____ (over the degree course)

Signature (with University's chop)

Name of Signatory: _____

Position: _____

Contact email / telephone number: _____

Date: _____

- It is strongly recommended that the form is to be completed by the Dean of the Faculty or the Academic Office of the University.
- The University of Warwick may verify the genuineness of the document with the corresponding university.