Application for Reduced Study Load (SGS56)
(for Full-time Professional Doctorate Students Only)

Notes:
1. According to the Academic Regulations of the University, full-time students must register for courses totalling at least 12 credit units per semester. Those who wish to register for courses with less than a total of 12 credit units per semester must apply to their department/school for special permission.
2. Applications must be made before the end of the course add/drop period of the relevant semester for which a reduced study load is sought.

Section A  Student’s Particulars

Student Name: __________________________ _________ Student No.: _______________________
Programme: ____________________________________ Contact Phone No.: __________________
Year of Study: ______________________

Section B  Details of the Application

1. The relevant semester in which you wish to apply for a reduced study load:
   ______________________________________

2. Please state the course(s) you wish to take in the above-mentioned semester:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
   Total:

3. Please state your reason(s) for taking a reduced study load:

   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

________________________________________  _________________________________
Signature of Student      Date

Please pass the form to SGS for processing.
Section C Recommendation by the Supervisor/Programme Leader (*Please delete as appropriate)

I support/do not support* the application.

Comments: ____________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Signature: _____________________________________________ Date:_______________________

Name: _____________________________________________

Please pass the form to the Department Head/School Dean for approval.

Section D Decision by Department Head/School Dean (*Please delete as appropriate)

I approve/do not approve* the recommendation of the supervisor/programme leader.

Comments: ____________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

_________________________________________  __________________________________
Signature of Department Head/School Dean         Date

Please return the form to SGS