Application for Change in Study Mode (SGS02)

Notes: Requests for change of study mode should be made at least two months in advance. Approval of such requests is subject to the availability of a student quota and the recommendations of the relevant parties.

Section A  Student’s Particulars (please tick as appropriate)

Name: ___________________________  Student No.: __________________  Department/School: ________
Commencement Date: ________________  Programme: MPhil/PhD*  Mode of Study: FT/PT*
Study Period End Date: ________________  Email: __________________  Contact No: ________________

Are you a Hong Kong PhD Fellowship recipient?  ☐ No  ☐ Yes

Section B  Details of Application (Please tick as appropriate)

I would like to apply for a change of study mode from:

☐ Part-time to Full-time effective from ____________________________
  Day Mon Year

If my application is approved, I would like to apply for a studentship:  ☐ Yes  ☐ No

☐ Full-time to Part-time^ effective from ____________________________
  Day Mon Year

Notification will be sent to Immigration Department on cease of visa support.

^ Students, who change their study mode from full-time to part-time within the University’s normal study period, will be switched to self-financing mode of study. They are required to pay self-financing tuition fee and are not eligible to apply for financial assistance supported by the government fund.

Reason for the application (Please put ☒ in the most appropriate box and attach relevant supporting documents, if any):

  a. ☐ Health reasons  d. ☐ Employment reasons
  b. ☐ Heavy academic workload  e. ☐ Other: (please specify) ____________________________
  c. ☐ Financial hardship

Please give more details of the reason for the application as indicated above:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please give a detailed study plan to support your intention to complete your study within the stipulated study period following the change of study mode.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature of Student ___________________________  Date ___________________________
Please pass this form to your Qualifying Panel for recommendation.

Section C  Recommendations by the Qualifying Panel (*Please delete as appropriate)

Applications for a change from full-time to part-time study mode would only be considered if the student has made good progress in his/her studies and can produce a feasible study plan.

Please comment on: (a) the student’s study progress, (b) the study plan detailed under Section B and (c) the student’s ability to complete his/her study within the revised (maximum) study period subsequent to the change in study mode.

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

The Qualifying Panel supports/does not support* the application.

Other comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Supervisor/Chair, Qualifying Panel  Signature  Date

Qualifying Panel Member  Signature  Date

Qualifying Panel Member  Signature  Date

Please forward this form to Department Head/SGSC Chair.
Section D Comments by the Department Head/SGSC Chair (*Please delete as appropriate)

I endorse/do not endorse* the recommendation of the Qualifying Panel.

Comments: ________________________________

__________________________________________

Please contact: ____________________________ (Ext. no) __________ in case further information is needed.

______________________________ ________________________________
Signature of Department Head/SGSC Chair Date

Please forward this form to the CGSC Chair/School Dean for approval.

Section E Decision of the CGSC Chair/School Dean (* please delete as appropriate)

For any queries or additional information, please contact the departmental/school contact person provided above.

I approve/do not approve* the above recommendation.

Remarks: ____________________________________________________________

__________________________________________

______________________________ ________________________________
Signature of CGSC Chair/School Dean Date

Please return this form to SGS for record.

Section F For SGS Use

Remarks: Previous approval for changes of study mode, if any: ________________________________

Revised (maximum) study period end date if application is approved: ________________________________

The student is currently receiving/will receive a research tuition scholarship: ☐ yes ☐ no

For application for change from part-time to full-time study mode with a studentship award:
Cumulative GPA: ______________ Any failure grades in the preceding year: ☐ yes ☐ no
Follow-up on approval for paid employment, if any: ☐ yes ☐ NA

Form HKPFS03 completed, (at least six weeks before the proposed change effective date) ☐ yes ☐ NA

Checked by: ____________________________ Date: ____________________________